

LAKE COUNTY	SUMMARY OF SERVICES FOR CASH GRANT				AGED	AID CODE 10		----- MONTHLY AVERAGE -----	
5,823 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	4,905	136,807	\$	2,801,927.14	\$ 20.48	23.494	\$ 571.24	\$ 481.18	
@PHYSICIANS SERVICES	909	3,702	\$	54,719.03	\$ 14.78	.636	\$ 60.20	\$ 9.40	
OUTPATIENT VISITS	21	31		1,681.92	54.26	.005	80.09	.29	
OFFICE VISITS	15	17		454.68	26.75	.003	30.31	.08	
HOME VISITS	0	0		.00	.00	.000	.00	.00	
EMERGENCY ROOM	7	14		1,227.24	87.66	.002	175.32	.21	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00	
INPATIENT VISITS	10	68		4,019.14	59.11	.012	401.91	.69	
HOSPITAL VISITS	10	53		2,383.24	44.97	.009	238.32	.41	
CRITICAL CARE	5	15		1,635.90	109.06	.003	327.18	.28	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	2	3		94.94	31.65	.001	47.47	.02	
EXAMINATIONS	2	3		94.94	31.65	.001	47.47	.02	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	5	14		1,338.42	95.60	.002	267.68	.23	
PRINCIPAL SURGEON	4	5		1,257.05	251.41	.001	314.26	.22	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	2	9		81.37	9.04	.002	40.69	.01	
OUTPATIENT SURGERY	1	1		28.29	28.29	.000	28.29	.00	
PRINCIPAL SURGEON	1	1		28.29	28.29	.000	28.29	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00	
DIALYSIS	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	5	7		59.45	8.49	.001	11.89	.01	
RADIOLOGY	17	37		922.97	24.95	.006	54.29	.16	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	881	3,541		46,573.90	13.15	.608	52.86	8.00	
@PHARMACY	4,132	98,932	\$	1,316,849.64	\$ 13.31	16.990	\$ 318.70	\$ 226.15	
PRESCRIPTION DRUGS	4,063	18,184		1,255,908.34	69.07	3.123	309.11	215.68	
SNF/ICF	67	415		21,731.66	52.37	.071	324.35	3.73	
OUTPATIENTS	4,001	17,769		1,234,176.68	69.46	3.052	308.47	211.95	
MEDICAL SUPPLIES	587	80,748		60,941.30	.75	13.867	103.82	10.47	
@DENTIST	66	214	\$	13,712.55	\$ 64.08	.037	\$ 207.77	\$ 2.35	
VISITS - DIAGNOSTIC	42	118		1,553.55	13.17	.020	36.99	.27	
ORAL SURGERY	9	47		2,371.00	50.45	.008	263.44	.41	
DRUGS	0	0		.00	.00	.000	.00	.00	
ANESTHESIA	1	1		100.00	100.00	.000	100.00	.02	
PERIODONTICS	0	0		.00	.00	.000	.00	.00	
ENDODONTICS	1	1		330.00	330.00	.000	330.00	.06	
RESTORATIVE DENTISTRY	10	17		1,078.00	63.41	.003	107.80	.19	
PROSTHETICS	2	2		60.00	30.00	.000	30.00	.01	
DENTURES, STAYPLATES	14	28		8,220.00	293.57	.005	587.14	1.41	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00	

LAKE COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - AGED				AID CODE 10		----- MONTHLY AVERAGE -----		-----	
5,823 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER		COST PER ELIGIBLE	
@OPTOMETRIST	144	369	\$	6,263.51	\$ 16.97	.063	\$ 43.50	\$	1.08	
DIAGNOSTIC AND ANC. PROCED	4	4		181.79	45.45	.001	45.45		.03	
EYE APPLIANCES	127	327		5,352.45	16.37	.056	42.15		.92	
OTHER OPTOMETRIC SERVICES	19	38		729.27	19.19	.007	38.38		.13	
@CHIROPRACTOR	8	9	\$	139.33	\$ 15.48	.002	\$ 17.42	\$	.02	
VISITS	0	0		.00	.00	.000	.00		.00	
OTHER SERVICES	8	9		139.33	15.48	.002	17.42		.02	
@PODIATRIST	16	21	\$	160.80	\$ 7.66	.004	\$ 10.05	\$	.03	
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00		.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00	
OTHER	16	21		160.80	7.66	.004	10.05		.03	
@HOME HEALTH AGENCY	7	37	\$	2,651.88	\$ 71.67	.006	\$ 378.84	\$	.46	
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$	.00	
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$	.00	
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$	.00	
@TOTAL HOSPITAL	972	6,295	\$	816,222.46	\$ 129.66	1.081	\$ 839.74	\$	140.17	
HOSP INPATIENT TOTAL	98	204		723,125.42	3544.73	.035	7378.83		124.18	
HSC HOSPITALS	1	2		1,697.55	848.78	.000	1697.55		.29	
NON-HSC HOSPITAL TOTAL	17	202		655,753.53	3246.30	.035	38573.74		112.61	
ACCOMMODATIONS	17	202		198,374.11	982.05	.035	11669.07		34.07	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00	
ALL OTHER ACCOM	17	202		198,374.11	982.05	.035	11669.07		34.07	
ANCILLARIES	17	0		457,379.42	.00	.000	26904.67		78.55	
INPATIENT CROSSOVERS	80	0		65,674.34	.00	.000	820.93		11.28	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00	
HOSP OUTPATIENT TOTAL	939	6,091		93,097.04	15.28	1.046	99.14		15.99	
MEDICAL	7	18		1,507.42	83.75	.003	215.35		.26	
SURGERY	0	0		.00	.00	.000	.00		.00	
PATHOLOGY	12	69		808.98	11.72	.012	67.42		.14	
RADIOLOGY	13	16		1,635.07	102.19	.003	125.77		.28	
ROOM USE	7	11		415.77	37.80	.002	59.40		.07	
CROSSOVERS/ALL OTH OUTPTNT	929	5,977		88,729.80	14.85	1.026	95.51		15.24	
@COUNTY HOSPITAL TOTAL	3	11	\$	907.03	\$ 82.46	.002	\$ 302.34	\$	.16	
CO HOSPITAL INPATIENT TOTAL	1	0		853.28	.00	.000	853.28		.15	
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00	
ANCILLARIES	0	0		.00	.00	.000	.00		.00	
INPATIENT CROSSOVERS	1	0		853.28	.00	.000	853.28		.15	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00	
CO HOSP OUTPATIENT TOTAL	2	11		53.75	4.89	.002	26.88		.01	
MEDICAL	0	0		.00	.00	.000	.00		.00	
SURGERY	0	0		.00	.00	.000	.00		.00	
PATHOLOGY	0	0		.00	.00	.000	.00		.00	

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	11	53.75	4.89	.002	26.88	.01

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LAKE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

5,823 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	969	6,284	\$ 815,315.43	\$ 129.74	1.079	\$ 841.40	\$ 140.02
COMM HOSP INPATIENT TOTAL	97	204	722,272.14	3540.55	.035	7446.10	124.04
HSC HOSPITALS	1	2	1,697.55	848.78	.000	1697.55	.29
NON-HSC HOSPITALS TOTAL	17	202	655,753.53	3246.30	.035	38573.74	112.61
ACCOMMODATIONS	17	202	198,374.11	982.05	.035	11669.07	34.07
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	17	202	198,374.11	982.05	.035	11669.07	34.07
ANCILLARIES	17	0	457,379.42	.00	.000	26904.67	78.55
INPATIENT CROSSOVERS	79	0	64,821.06	.00	.000	820.52	11.13
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	937	6,080	93,043.29	15.30	1.044	99.30	15.98
MEDICAL	7	18	1,507.42	83.75	.003	215.35	.26
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	12	69	808.98	11.72	.012	67.42	.14
RADIOLOGY	13	16	1,635.07	102.19	.003	125.77	.28
ROOM USE	7	11	415.77	37.80	.002	59.40	.07
CROSSOVERS/ALL OTH OUTPTNT	927	5,966	88,676.05	14.86	1.025	95.66	15.23
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	71	1,473	\$ 208,533.26	\$ 141.57	.253	\$ 2937.09	\$ 35.81
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	71	1,473	208,533.26	141.57	.253	2937.09	35.81
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	23	35	\$ 17,193.56	\$ 491.24	.006	\$ 747.55	\$ 2.95
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	23	35	17,193.56	491.24	.006	747.55	2.95
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	7	10	\$ 79.56	\$ 7.96	.002	\$ 11.37	\$.01
PATHOLOGY	6	9	75.02	8.34	.002	12.50	.01
XO AND OTHERS	1	1	4.54	4.54	.000	4.54	.00
@ORGANIZED OUTPATIENT CLINIC	1,349	2,177	\$ 118,559.80	\$ 54.46	.374	\$ 87.89	\$ 20.36
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	7	8	1,328.84	166.11	.001	189.83	.23
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,344	2,169	117,230.96	54.05	.372	87.23	20.13

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5,823 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	967	23,533	\$ 246,841.76	\$ 10.49	4.041	\$ 255.27	\$ 42.39
DURABLE MED. EQUIP.	45	95	35,069.18	369.15	.016	779.32	6.02
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2	1,279.54	639.77	.000	639.77	.22
MEDICAL TRANSPORTATION	68	12,373	35,933.71	2.90	2.125	528.44	6.17
AMBULANCES/AIR TRANS	16	353	4,587.77	13.00	.061	286.74	.79
OTHER TRANS	43	11,890	27,058.60	2.28	2.042	629.27	4.65
OTHER SERVICES	18	130	4,287.34	32.98	.022	238.19	.74
ACUPUNCTURE	37	88	1,503.03	17.08	.015	40.62	.26
ADULT DAY HEALTH CARE CTR	5	91	5,821.40	63.97	.016	1164.28	1.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	314	1,421	126,329.51	88.90	.244	402.32	21.69
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	149	373	4,315.91	11.57	.064	28.97	.74
PHYSICAL THERAPIST	1	61	164.40	2.70	.010	164.40	.03
PORTABLE X-RAY	1	2	1.40	.70	.000	1.40	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	54	113	12,359.18	109.37	.019	228.87	2.12
HOSPICE SERVICES	2	34	2,413.05	70.97	.006	1206.53	.41
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	463	8,880	21,651.45	2.44	1.525	46.76	3.72
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1,917	18,594	\$ 286,112.16	\$ 15.39	3.193	\$ 149.25	\$ 49.13

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

LAKE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND

AID CODE 20

844 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	757	41,198	\$ 501,222.25	\$ 12.17	48.813	\$ 662.12	\$ 593.87
@PHYSICIANS SERVICES	172	444	\$ 16,921.87	\$ 38.11	.526	\$ 98.38	\$ 20.05
OUTPATIENT VISITS	59	77	3,596.38	46.71	.091	60.96	4.26
OFFICE VISITS	38	49	1,699.67	34.69	.058	44.73	2.01
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	22	26	1,837.46	70.67	.031	83.52	2.18
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2	59.25	29.63	.002	29.63	.07
INPATIENT VISITS	9	54	2,470.70	45.75	.064	274.52	2.93
HOSPITAL VISITS	9	54	2,470.70	45.75	.064	274.52	2.93
CRITICAL CARE	0	0	.00	.00	.000	.00	.00

SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	12	15		566.82	37.79	.018	47.24	.67
EXAMINATIONS	12	15		566.82	37.79	.018	47.24	.67
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	12		1,544.92	128.74	.014	514.97	1.83
PRINCIPAL SURGEON	3	5		1,231.18	246.24	.006	410.39	1.46
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	7		313.74	44.82	.008	313.74	.37
OUTPATIENT SURGERY	9	22		2,094.19	95.19	.026	232.69	2.48
PRINCIPAL SURGEON	9	11		1,891.19	171.93	.013	210.13	2.24
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	11		203.00	18.45	.013	203.00	.24
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	10	16		332.21	20.76	.019	33.22	.39
RADIOLOGY	32	54		1,557.30	28.84	.064	48.67	1.85
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	94	194		4,759.35	24.53	.230	50.63	5.64
@PHARMACY	640	28,592	\$	258,734.11	\$ 9.05	33.877	\$ 404.27	\$ 306.56
PRESCRIPTION DRUGS	619	2,965		232,805.34	78.52	3.513	376.10	275.84
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	619	2,965		232,805.34	78.52	3.513	376.10	275.84
MEDICAL SUPPLIES	195	25,627		25,928.77	1.01	30.364	132.97	30.72
@DENTIST	7	17	\$	1,183.00	\$ 69.59	.020	\$ 169.00	\$ 1.40
VISITS - DIAGNOSTIC	6	15		283.00	18.87	.018	47.17	.34
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00

DENTURES, STAYPLATES	1	2	900.00	450.00	.002	900.00	1.07
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,126
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 LAKE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

844 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	23	62	\$ 1,784.10	\$ 28.78	.073	\$ 77.57	\$ 2.11
DIAGNOSTIC AND ANC. PROCED	6	7	252.97	36.14	.008	42.16	.30
EYE APPLIANCES	15	43	1,217.61	28.32	.051	81.17	1.44
OTHER OPTOMETRIC SERVICES	6	12	313.52	26.13	.014	52.25	.37
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	.00	.00	.000	.00	.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	145	1,025	\$ 105,433.12	\$ 102.86	1.214	\$ 727.12	\$ 124.92
HOSP INPATIENT TOTAL	14	51	84,364.30	1654.20	.060	6026.02	99.96
HSC HOSPITALS	3	24	31,962.00	1331.75	.028	10654.00	37.87
NON-HSC HOSPITAL TOTAL	6	27	47,182.30	1747.49	.032	7863.72	55.90
ACCOMMODATIONS	6	27	16,341.96	605.26	.032	2723.66	19.36
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	27	16,341.96	605.26	.032	2723.66	19.36
ANCILLARIES	6	0	30,840.34	.00	.000	5140.06	36.54
INPATIENT CROSSOVERS	6	0	5,220.00	.00	.000	870.00	6.18
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	140	974	21,068.82	21.63	1.154	150.49	24.96
MEDICAL	16	24	3,058.58	127.44	.028	191.16	3.62
SURGERY	4	4	538.98	134.75	.005	134.75	.64
PATHOLOGY	38	169	2,224.17	13.16	.200	58.53	2.64
RADIOLOGY	27	35	3,057.92	87.37	.041	113.26	3.62
ROOM USE	29	35	1,611.02	46.03	.041	55.55	1.91
CROSSOVERS/ALL OTH OUTPTNT	90	707	10,578.15	14.96	.838	117.54	12.53
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,127
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

844 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	145	1,025	\$ 105,433.12	\$ 102.86	1.214	\$ 727.12	\$ 124.92
COMM HOSP INPATIENT TOTAL	14	51	84,364.30	1654.20	.060	6026.02	99.96
HSC HOSPITALS	3	24	31,962.00	1331.75	.028	10654.00	37.87
NON-HSC HOSPITALS TOTAL	6	27	47,182.30	1747.49	.032	7863.72	55.90
ACCOMMODATIONS	6	27	16,341.96	605.26	.032	2723.66	19.36
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	27	16,341.96	605.26	.032	2723.66	19.36
ANCILLARIES	6	0	30,840.34	.00	.000	5140.06	36.54
INPATIENT CROSSOVERS	6	0	5,220.00	.00	.000	870.00	6.18
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	140	974	21,068.82	21.63	1.154	150.49	24.96
MEDICAL	16	24	3,058.58	127.44	.028	191.16	3.62
SURGERY	4	4	538.98	134.75	.005	134.75	.64
PATHOLOGY	38	169	2,224.17	13.16	.200	58.53	2.64
RADIOLOGY	27	35	3,057.92	87.37	.041	113.26	3.62
ROOM USE	29	35	1,611.02	46.03	.041	55.55	1.91
CROSSOVERS/ALL OTH OUTPTNT	90	707	10,578.15	14.96	.838	117.54	12.53
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	0	\$ 434.10	\$.00	.000	\$ 434.10	\$.51
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	0	434.10	.00	.000	434.10	.51
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	16	22	\$ 9,498.32	\$ 431.74	.026	\$ 593.65	\$ 11.25
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	16	22	9,498.32	431.74	.026	593.65	11.25
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	9	\$ 86.77	\$ 9.64	.011	\$ 43.39	\$.10
PATHOLOGY	2	9	86.77	9.64	.011	43.39	.10
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	238	374	\$	30,528.57	\$	81.63	.443	\$	128.27	\$	36.17
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	2	3		804.69		268.23	.004		402.35		.95
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	236	371		29,723.88		80.12	.440		125.95		35.22

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,128
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

844 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	199	10,653	\$ 76,618.29	\$ 7.19	12.622	\$ 385.02	\$ 90.78
DURABLE MED. EQUIP.	13	44	14,644.22	332.82	.052	1126.48	17.35
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	30	8,547	21,535.49	2.52	10.127	717.85	25.52
AMBULANCES/AIR TRANS	15	294	3,736.24	12.71	.348	249.08	4.43
OTHER TRANS	15	8,250	15,952.43	1.93	9.775	1063.50	18.90
OTHER SERVICES	2	3	1,846.82	615.61	.004	923.41	2.19
ACUPUNCTURE	17	44	746.11	16.96	.052	43.89	.88
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	57	287	21,535.57	75.04	.340	377.82	25.52
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	16	53	659.06	12.44	.063	41.19	.78
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	15	1,924.90	128.33	.018	481.23	2.28
PROSTHETICS	4	15	1,924.90	128.33	.018	481.23	2.28
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	8	18	545.83	30.32	.021	68.23	.65
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	33	1,467	11,716.57	7.99	1.738	355.05	13.88
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	56	178	3,310.54	18.60	.211	59.12	3.92
@CALIF. CHILDREN SERVICES*	23	74	\$ 24,740.86	\$ 334.34	.088	\$ 1075.69	\$ 29.31
@XOVER EXCLUDING STATE HOSP**	194	4,368	\$ 33,833.93	\$ 7.75	5.175	\$ 174.40	\$ 40.09

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 5,129
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED	AID CODE 60

39,507 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	34,024	797,471	\$ 29,459,750.36	\$ 36.94	20.186	\$ 865.85	\$ 745.68
@PHYSICIANS SERVICES	9,403	32,084	\$ 1,275,403.34	\$ 39.75	.812	\$ 135.64	\$ 32.28
OUTPATIENT VISITS	4,320	6,359	298,171.79	46.89	.161	69.02	7.55
OFFICE VISITS	2,168	2,923	96,966.98	33.17	.074	44.73	2.45
HOME VISITS	4	6	385.90	64.32	.000	96.48	.01
EMERGENCY ROOM	2,276	3,003	192,567.22	64.12	.076	84.61	4.87

PREVENTIVE CARE	1	1	34.69	34.69	.000	34.69	.00
OB VISITS/COMPRE PERI	27	267	3,102.63	11.62	.007	114.91	.08
OTHER OUTPATIENT	135	159	5,114.37	32.17	.004	37.88	.13
INPATIENT VISITS	537	2,331	118,219.20	50.72	.059	220.15	2.99
HOSPITAL VISITS	440	1,981	88,295.43	44.57	.050	200.67	2.23
CRITICAL CARE	67	205	25,179.11	122.82	.005	375.81	.64
SNF/ICF/TRANS IP CARE	100	145	4,744.66	32.72	.004	47.45	.12
OPHTHALMOLOGICAL SERVICES	199	223	8,764.69	39.30	.006	44.04	.22
EXAMINATIONS	199	222	8,729.40	39.32	.006	43.87	.22
SERVICES AND MATERIALS	1	1	35.29	35.29	.000	35.29	.00
INPATIENT HOSPITAL SURGERY	336	2,405	170,774.26	71.01	.061	508.26	4.32
PRINCIPAL SURGEON	227	348	131,401.14	377.59	.009	578.86	3.33
ASSISTANT SURGEON	27	27	5,561.73	205.99	.001	205.99	.14
ANESTHESIOLOGIST	139	2,030	33,811.39	16.66	.051	243.25	.86
OUTPATIENT SURGERY	885	2,616	193,910.30	74.12	.066	219.11	4.91
PRINCIPAL SURGEON	748	1,059	164,060.40	154.92	.027	219.33	4.15
ASSISTANT SURGEON	4	4	499.56	124.89	.000	124.89	.01
ANESTHESIOLOGIST	181	1,553	29,350.34	18.90	.039	162.16	.74
DIALYSIS	39	239	20,758.02	86.85	.006	532.26	.53
PATHOLOGY	694	1,601	31,013.74	19.37	.041	44.69	.79
RADIOLOGY	3,054	5,826	184,603.11	31.69	.147	60.45	4.67
PSYCHIATRY	2	13	217.21	16.71	.000	108.61	.01
IMMUNIZATION AND INJECTION	129	1,722	45,337.18	26.33	.044	351.45	1.15
OTHER SERVICES/ALL X-OVERS	3,435	8,749	203,633.84	23.28	.221	59.28	5.15
@PHARMACY	27,698	503,179	\$ 12,846,946.47	\$ 25.53	12.736	\$ 463.82	\$ 325.18
PRESCRIPTION DRUGS	27,382	137,222	12,406,003.23	90.41	3.473	453.07	314.02
SNF/ICF	278	2,248	200,975.39	89.40	.057	722.93	5.09
OUTPATIENTS	27,129	134,974	12,205,027.84	90.43	3.416	449.89	308.93
MEDICAL SUPPLIES	2,733	365,957	440,943.24	1.20	9.263	161.34	11.16
@DENTIST	810	3,370	\$ 170,178.17	\$ 50.50	.085	\$ 210.10	\$ 4.31
VISITS - DIAGNOSTIC	515	1,746	25,725.83	14.73	.044	49.95	.65
ORAL SURGERY	161	706	36,138.50	51.19	.018	224.46	.91
DRUGS	6	6	75.00	12.50	.000	12.50	.00
ANESTHESIA	13	13	1,300.00	100.00	.000	100.00	.03
PERIODONTICS	12	17	1,263.12	74.30	.000	105.26	.03
ENDODONTICS	65	116	27,698.00	238.78	.003	426.12	.70
RESTORATIVE DENTISTRY	196	516	33,663.65	65.24	.013	171.75	.85
PROSTHETICS	2	2	60.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	93	231	43,600.00	188.74	.006	468.82	1.10
SPACE MAINTAINERS	1	1	111.00	111.00	.000	111.00	.00
MAXILLOFACIAL SERVICES	4	4	298.07	74.52	.000	74.52	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	4	245.00	61.25	.000	122.50	.01
ALL OTHER SERVICES	9	8	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,130
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

39,507 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,289	3,678	\$ 77,226.64	\$ 21.00	.093	\$ 59.91	\$ 1.95
DIAGNOSTIC AND ANC. PROCED	555	565	24,594.06	43.53	.014	44.31	.62
EYE APPLIANCES	1,113	2,979	49,527.31	16.63	.075	44.50	1.25
OTHER OPTOMETRIC SERVICES	86	134	3,105.27	23.17	.003	36.11	.08
@CHIROPRACTOR	157	244	\$ 4,052.55	\$ 16.61	.006	\$ 25.81	\$.10
VISITS	139	224	3,736.92	16.68	.006	26.88	.09

OTHER SERVICES	18	20		315.63		15.78	.001	17.54		.01
@PODIATRIST	53	73	\$	1,189.64	\$	16.30	.002	\$ 22.45	\$	.03
MEDICINE/INJECTIONS	13	14		412.70		29.48	.000	31.75		.01
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	40	59		776.94		13.17	.001	19.42		.02
@HOME HEALTH AGENCY	382	5,393	\$	242,107.43	\$	44.89	.137	\$ 633.79	\$	6.13
NURSE ANESTHESIST	46	352	\$	5,279.90	\$	15.00	.009	\$ 114.78	\$	.13
NURSE MIDWIFE	3	12	\$	478.24	\$	39.85	.000	\$ 159.41	\$	.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$	.00
@TOTAL HOSPITAL	9,647	58,215	\$	9,211,885.32	\$	158.24	1.474	\$ 954.90	\$	233.17
HOSP INPATIENT TOTAL	776	2,850		7,921,309.56		2779.41	.072	10207.87		200.50
HSC HOSPITALS	71	482		747,469.49		1550.77	.012	10527.74		18.92
NON-HSC HOSPITAL TOTAL	494	2,368		6,963,790.31		2940.79	.060	14096.74		176.27
ACCOMMODATIONS	488	2,368		2,053,144.28		867.04	.060	4207.26		51.97
ADMINISTRATIVE DAYS	3	3		330.65		110.22	.000	110.22		.01
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	485	2,365		2,052,813.63		868.00	.060	4232.61		51.96
ANCILLARIES	493	0		4,910,646.03		.00	.000	9960.74		124.30
INPATIENT CROSSEOVERS	223	0		210,049.76		.00	.000	941.93		5.32
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	9,320	55,365		1,290,575.76		23.31	1.401	138.47		32.67
MEDICAL	1,956	3,475		151,985.28		43.74	.088	77.70		3.85
SURGERY	407	475		29,914.88		62.98	.012	73.50		.76
PATHOLOGY	4,189	19,218		246,114.66		12.81	.486	58.75		6.23
RADIOLOGY	2,638	4,091		345,526.08		84.46	.104	130.98		8.75
ROOM USE	3,024	4,414		195,433.00		44.28	.112	64.63		4.95
CROSSEOVERS/ALL OTH OUTPTNT	4,572	23,692		321,601.86		13.57	.600	70.34		8.14
@COUNTY HOSPITAL TOTAL	71	399	\$	32,332.87	\$	81.03	.010	\$ 455.39	\$	.82
CO HOSPITAL INPATIENT TOTAL	6	17		18,875.32		1110.31	.000	3145.89		.48
HSC HOSPITALS	5	15		16,425.00		1095.00	.000	3285.00		.42

NON-HSC HOSPITALS TOTAL	1	2	2,450.32	1225.16	.000	2450.32	.06
ACCOMMODATIONS	1	2	1,231.20	615.60	.000	1231.20	.03
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	1,231.20	615.60	.000	1231.20	.03
ANCILLARIES	1	0	1,219.12	.00	.000	1219.12	.03
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	68	382	13,457.55	35.23	.010	197.91	.34
MEDICAL	42	62	1,756.47	28.33	.002	41.82	.04
SURGERY	12	20	2,503.65	125.18	.001	208.64	.06
PATHOLOGY	18	88	1,551.10	17.63	.002	86.17	.04
RADIOLOGY	14	34	2,605.91	76.64	.001	186.14	.07
ROOM USE	51	83	3,413.33	41.12	.002	66.93	.09
CROSSOVERS/ALL OTH OUTPTNT	28	95	1,627.09	17.13	.002	58.11	.04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,131
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
39,507 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	9,597	57,816	\$ 9,179,552.45	\$ 158.77	1.463	\$ 956.50	\$ 232.35
COMM HOSP INPATIENT TOTAL	770	2,833	7,902,434.24	2789.42	.072	10262.90	200.03
HSC HOSPITALS	66	467	731,044.49	1565.41	.012	11076.43	18.50
NON-HSC HOSPITALS TOTAL	493	2,366	6,961,339.99	2942.24	.060	14120.37	176.21
ACCOMMODATIONS	487	2,366	2,051,913.08	867.25	.060	4213.37	51.94
ADMINISTRATIVE DAYS	3	3	330.65	110.22	.000	110.22	.01
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	484	2,363	2,051,582.43	868.21	.060	4238.81	51.93
ANCILLARIES	492	0	4,909,426.91	.00	.000	9978.51	124.27
INPATIENT CROSSOVERS	223	0	210,049.76	.00	.000	941.93	5.32
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	9,271	54,983	1,277,118.21	23.23	1.392	137.75	32.33
MEDICAL	1,917	3,413	150,228.81	44.02	.086	78.37	3.80
SURGERY	395	455	27,411.23	60.24	.012	69.40	.69
PATHOLOGY	4,174	19,130	244,563.56	12.78	.484	58.59	6.19
RADIOLOGY	2,626	4,057	342,920.17	84.53	.103	130.59	8.68
ROOM USE	2,981	4,331	192,019.67	44.34	.110	64.41	4.86
CROSSOVERS/ALL OTH OUTPTNT	4,547	23,597	319,974.77	13.56	.597	70.37	8.10
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	196	4,737	\$ 627,208.05	\$ 132.41	.120	\$ 3200.04	\$ 15.88
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	1	13	1,885.78	145.06	.000	1885.78	.05
LEV B-SUBACUTE FREESTANDING	0	0	1,682.96	.00	.000	.00	.04
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	195	4,724	623,639.31	132.02	.120	3198.15	15.79
@INTERMEDIATE CARE FACIL.-DD	4	94	\$ 16,207.92	\$ 172.42	.002	\$ 4051.98	\$.41
ICF DDH	4	94	16,207.92	172.42	.002	4051.98	.41
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	166	7,335	\$ 239,142.14	\$ 32.60	.186	\$ 1440.62	\$ 6.05
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	166	7,335	239,142.14	32.60	.186	1440.62	6.05

@REHABILITATION FACILITY	12	126	\$	2,281.64	\$	18.11	.003	\$	190.14	\$	.06
HOSPITAL BASED	6	55		1,428.43		25.97	.001		238.07		.04
INDEPENDENT FACILITY	6	71		853.21		12.02	.002		142.20		.02
@LABORATORY FACILITY	742	2,989	\$	41,926.21	\$	14.03	.076	\$	56.50	\$	1.06
PATHOLOGY	730	2,949		41,503.24		14.07	.075		56.85		1.05
XO AND OTHERS	12	40		422.97		10.57	.001		35.25		.01
@ORGANIZED OUTPATIENT CLINIC	15,369	31,166	\$	3,378,054.86	\$	108.39	.789	\$	219.80	\$	85.51
CLINIC	48	137		4,896.42		35.74	.003		102.01		.12
SURGICENTER	49	154		10,078.89		65.45	.004		205.69		.26
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	15,308	30,875		3,363,079.55		108.93	.782		219.69		85.13

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,132
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
39,507 ELIGIBLES							
@ALL OTHER PROVIDERS	5,399	144,424	\$ 1,320,181.84	\$ 9.14	3.656	\$ 244.52	\$ 33.42
DURABLE MED. EQUIP.	720	2,422	416,090.24	171.80	.061	577.90	10.53
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	10	12	7,576.51	631.38	.000	757.65	.19
MEDICAL TRANSPORTATION	1,215	98,774	404,794.44	4.10	2.500	333.16	10.25
AMBULANCES/AIR TRANS	967	14,581	176,974.76	12.14	.369	183.01	4.48
OTHER TRANS	218	83,435	170,702.26	2.05	2.112	783.04	4.32
OTHER SERVICES	93	758	57,117.42	75.35	.019	614.17	1.45
ACUPUNCTURE	398	1,000	16,974.01	16.97	.025	42.65	.43
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	7	7	735.00	105.00	.000	105.00	.02
IHMC,MODEL-NF,NF,AIDS,MSSP	344	1,806	190,237.86	105.34	.046	553.02	4.82
OCCUPATIONAL THERAPIST	8	58	782.75	13.50	.001	97.84	.02
OPTICIAN	1,121	2,882	29,263.71	10.15	.073	26.11	.74
PHYSICAL THERAPIST	142	1,193	17,832.93	14.95	.030	125.58	.45
PORTABLE X-RAY	2	3	76.66	25.55	.000	38.33	.00
PROSTHETIST/ORTHOTISTS	91	350	40,257.52	115.02	.009	442.39	1.02
PROSTHETICS	91	350	40,257.52	115.02	.009	442.39	1.02
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	3	23.62	7.87	.000	23.62	.00
SPEECH AND AUDIOLOGY	133	378	27,608.99	73.04	.010	207.59	.70
HOSPICE SERVICES	20	372	44,674.82	120.09	.009	2233.74	1.13
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	475	7,029	72,642.02	10.33	.178	152.93	1.84
EPSDT SUPPLEMENTAL SERVICE	1	4	250.00	62.50	.000	250.00	.01
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,158	28,131	50,360.76	1.79	.712	43.49	1.27
@CALIF. CHILDREN SERVICES*	310	12,683	\$ 367,130.07	\$ 28.95	.321	\$ 1184.29	\$ 9.29
@XOVER EXCLUDING STATE HOSP**	4,757	60,326	\$ 812,764.69	\$ 13.47	1.527	\$ 170.86	\$ 20.57

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,133
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
41,961 ELIGIBLES							

@TOTAL, ALL PROVIDERS	22,859	104,119	\$	8,271,561.90	\$	79.44	2.481	\$	361.85	\$	197.12
@PHYSICIANS SERVICES	5,142	13,100	\$	542,031.83	\$	41.38	.312	\$	105.41	\$	12.92
OUTPATIENT VISITS	3,302	5,034		197,294.53		39.19	.120		59.75		4.70
OFFICE VISITS	833	967		35,388.86		36.60	.023		42.48		.84
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	2,352	2,588		141,952.53		54.85	.062		60.35		3.38
PREVENTIVE CARE	5	5		183.55		36.71	.000		36.71		.00
OB VISITS/COMPRE PERI	167	1,422		18,100.47		12.73	.034		108.39		.43
OTHER OUTPATIENT	49	52		1,669.12		32.10	.001		34.06		.04
INPATIENT VISITS	192	848		69,402.06		81.84	.020		361.47		1.65
HOSPITAL VISITS	179	613		30,657.32		50.01	.015		171.27		.73
CRITICAL CARE	33	235		38,744.74		164.87	.006		1174.08		.92
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	76	91		3,784.43		41.59	.002		49.80		.09
EXAMINATIONS	76	91		3,784.43		41.59	.002		49.80		.09
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	207	1,208		88,016.13		72.86	.029		425.20		2.10
PRINCIPAL SURGEON	136	154		69,123.71		448.86	.004		508.26		1.65
ASSISTANT SURGEON	8	8		2,083.33		260.42	.000		260.42		.05
ANESTHESIOLOGIST	80	1,046		16,809.09		16.07	.025		210.11		.40
OUTPATIENT SURGERY	517	1,591		76,323.98		47.97	.038		147.63		1.82
PRINCIPAL SURGEON	429	525		57,655.26		109.82	.013		134.39		1.37
ASSISTANT SURGEON	1	1		112.81		112.81	.000		112.81		.00
ANESTHESIOLOGIST	115	1,065		18,555.91		17.42	.025		161.36		.44
DIALYSIS	2	5		283.00		56.60	.000		141.50		.01
PATHOLOGY	384	600		13,527.78		22.55	.014		35.23		.32
RADIOLOGY	1,670	2,389		60,441.15		25.30	.057		36.19		1.44
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	48	211		4,406.53		20.88	.005		91.80		.11
OTHER SERVICES/ALL X-OVERS	528	1,123		28,552.24		25.42	.027		54.08		.68
@PHARMACY	10,346	31,095	\$	1,159,084.14	\$	37.28	.741	\$	112.03	\$	27.62
PRESCRIPTION DRUGS	10,285	23,990		1,139,717.35		47.51	.572		110.81		27.16
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	10,285	23,990		1,139,717.35		47.51	.572		110.81		27.16
MEDICAL SUPPLIES	215	7,105		19,366.79		2.73	.169		90.08		.46
@DENTIST	1,017	4,873	\$	179,987.90	\$	36.94	.116	\$	176.98	\$	4.29
VISITS - DIAGNOSTIC	713	2,866		44,685.95		15.59	.068		62.67		1.06
ORAL SURGERY	156	504		31,677.80		62.85	.012		203.06		.75
DRUGS	33	42		975.00		23.21	.001		29.55		.02
ANESTHESIA	33	33		3,200.00		96.97	.001		96.97		.08
PERIODONTICS	4	5		338.00		67.60	.000		84.50		.01
ENDODONTICS	116	221		31,010.00		140.32	.005		267.33		.74
RESTORATIVE DENTISTRY	357	1,092		59,723.40		54.69	.026		167.29		1.42
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	8	21		2,782.75		132.51	.001		347.84		.07
SPACE MAINTAINERS	11	16		1,800.00		112.50	.000		163.64		.04
MAXILLOFACIAL SERVICES	2	2		150.00		75.00	.000		75.00		.00
FRACTURES, DISLOCATIONS	0	1		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	30	39		3,570.00		91.54	.001		119.00		.09
ALL OTHER SERVICES	24	31		75.00		2.42	.001		3.13		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004										PAGE 5,134
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G										

41,961 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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----- MONTHLY AVERAGE -----

@OPTOMETRIST	669	1,873	\$	42,603.21	\$	22.75	.045	\$	63.68	\$	1.02
DIAGNOSTIC AND ANC. PROCED	491	500		22,167.72		44.34	.012		45.15		.53
EYE APPLIANCES	500	1,365		20,210.59		14.81	.033		40.42		.48
OTHER OPTOMETRIC SERVICES	7	8		224.90		28.11	.000		32.13		.01
@CHIROPRACTOR	120	172	\$	2,875.84	\$	16.72	.004	\$	23.97	\$	.07
VISITS	120	172		2,875.84		16.72	.004		23.97		.07
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	83	550	\$	23,980.20	\$	43.60	.013	\$	288.92	\$	.57
NURSE ANESTHESIST	47	360	\$	6,577.61	\$	18.27	.009	\$	139.95	\$	.16
NURSE MIDWIFE	1	7	\$	217.84	\$	31.12	.000	\$	217.84	\$	.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	4	4	\$	153.50	\$	38.38	.000	\$	38.38	\$	.00
@TOTAL HOSPITAL	5,451	20,386	\$	3,409,067.04	\$	167.23	.486	\$	625.40	\$	81.24
HOSP INPATIENT TOTAL	294	1,391		2,887,376.32		2075.76	.033		9821.01		68.81
HSC HOSPITALS	40	308		515,721.01		1674.42	.007		12893.03		12.29
NON-HSC HOSPITAL TOTAL	255	1,083		2,370,779.31		2189.09	.026		9297.17		56.50
ACCOMMODATIONS	255	1,083		849,757.21		784.63	.026		3332.38		20.25
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	255	1,083		849,757.21		784.63	.026		3332.38		20.25
ANCILLARIES	255	0		1,521,022.10		.00	.000		5964.79		36.25
INPATIENT CROSSOVERS	1	0		876.00		.00	.000		876.00		.02
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5,293	18,995		521,690.72		27.46	.453		98.56		12.43
MEDICAL	909	1,409		71,071.36		50.44	.034		78.19		1.69
SURGERY	236	275		15,530.11		56.47	.007		65.81		.37
PATHOLOGY	2,289	8,355		107,837.11		12.91	.199		47.11		2.57
RADIOLOGY	1,580	2,057		133,927.78		65.11	.049		84.76		3.19
ROOM USE	3,023	3,597		146,277.83		40.67	.086		48.39		3.49
CROSSOVERS/ALL OTH OUTPTNT	1,696	3,302		47,046.53		14.25	.079		27.74		1.12
@COUNTY HOSPITAL TOTAL	17	124	\$	7,879.31	\$	63.54	.003	\$	463.49	\$	.19
CO HOSPITAL INPATIENT TOTAL	1	4		4,640.00		1160.00	.000		4640.00		.11
HSC HOSPITALS	1	4		4,640.00		1160.00	.000		4640.00		.11
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	16	120		3,239.31		26.99	.003		202.46		.08
MEDICAL	3	4		75.12		18.78	.000		25.04		.00
SURGERY	5	10		745.25		74.53	.000		149.05		.02
PATHOLOGY	7	33		615.09		18.64	.001		87.87		.01
RADIOLOGY	1	1		15.54		15.54	.000		15.54		.00
ROOM USE	15	26		1,376.51		52.94	.001		91.77		.03
CROSSOVERS/ALL OTH OUTPTNT	9	46		411.80		8.95	.001		45.76		.01

41,961 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5,436	20,262	\$ 3,401,187.73	\$ 167.86	.483	\$ 625.68	\$ 81.06
COMM HOSP INPATIENT TOTAL	293	1,387	2,882,736.32	2078.40	.033	9838.69	68.70
HSC HOSPITALS	39	304	511,081.01	1681.19	.007	13104.64	12.18
NON-HSC HOSPITALS TOTAL	255	1,083	2,370,779.31	2189.09	.026	9297.17	56.50
ACCOMMODATIONS	255	1,083	849,757.21	784.63	.026	3332.38	20.25
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	255	1,083	849,757.21	784.63	.026	3332.38	20.25
ANCILLARIES	255	0	1,521,022.10	.00	.000	5964.79	36.25
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	.02
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5,279	18,875	518,451.41	27.47	.450	98.21	12.36
MEDICAL	906	1,405	70,996.24	50.53	.033	78.36	1.69
SURGERY	231	265	14,784.86	55.79	.006	64.00	.35
PATHOLOGY	2,282	8,322	107,222.02	12.88	.198	46.99	2.56
RADIOLOGY	1,579	2,056	133,912.24	65.13	.049	84.81	3.19
ROOM USE	3,008	3,571	144,901.32	40.58	.085	48.17	3.45
CROSSOVERS/ALL OTH OUTPTNT	1,687	3,256	46,634.73	14.32	.078	27.64	1.11
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	21	\$ 2,926.14	\$ 139.34	.001	\$ 2926.14	\$.07
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	21	2,926.14	139.34	.001	2926.14	.07
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	2	11	\$ 409.00	\$ 37.18	.000	\$ 204.50	\$.01
HOSPITAL BASED	2	11	409.00	37.18	.000	204.50	.01
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	392	1,171	\$ 18,209.92	\$ 15.55	.028	\$ 46.45	\$.43
PATHOLOGY	392	1,171	18,209.92	15.55	.028	46.45	.43
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	12,461	19,809	\$ 2,665,179.14	\$ 134.54	.472	\$ 213.88	\$ 63.52
CLINIC	109	433	16,876.09	38.97	.010	154.83	.40
SURGICENTER	30	206	7,069.42	34.32	.005	235.65	.17
HEROIN DETOX CLINIC	1	18	213.11	11.84	.000	213.11	.01
RURAL HEALTH CLINIC	12,354	19,152	2,641,020.52	137.90	.456	213.78	62.94

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,136
MOP024 FEE-FOR-SERVICE/DENTAL
LAKE COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G 03/14/05

	41,961 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,314	10,687	\$	218,258.59	\$ 20.42	.255	\$ 94.32	\$ 5.20
DURABLE MED. EQUIP.	118	196		14,035.50	71.61	.005	118.94	.33
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	414	4,902		123,615.05	25.22	.117	298.59	2.95
AMBULANCES/AIR TRANS	411	4,841		78,252.56	16.16	.115	190.40	1.86
OTHER TRANS	3	34		127.61	3.75	.001	42.54	.00
OTHER SERVICES	27	27		45,234.88	1675.37	.001	1675.37	1.08
ACUPUNCTURE	46	116		1,985.00	17.11	.003	43.15	.05
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	27	27		2,835.00	105.00	.001	105.00	.07
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	479	1,105		9,652.02	8.73	.026	20.15	.23
PHYSICAL THERAPIST	57	423		6,504.94	15.38	.010	114.12	.16
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	26	45		5,002.08	111.16	.001	192.39	.12
PROSTHETICS	26	45		5,002.08	111.16	.001	192.39	.12
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	4	24		1,329.60	55.40	.001	332.40	.03
SPEECH AND AUDIOLOGY	37	182		6,387.47	35.10	.004	172.63	.15
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,093	3,606		46,309.65	12.84	.086	42.37	1.10
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	55	61		602.28	9.87	.001	10.95	.01
@CALIF. CHILDREN SERVICES*	149	4,383	\$	772,987.54	\$ 176.36	.104	\$ 5187.84	\$ 18.42
@XOVER EXCLUDING STATE HOSP**	4	21	\$	1,039.57	\$ 49.50	.001	\$ 259.89	\$.02

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

		----- MONTHLY AVERAGE -----						
88,135 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	62,545	1,079,595	\$ 41,034,461.65	\$ 38.01	12.249	\$ 656.08	\$ 465.59	
@PHYSICIANS SERVICES	15,626	49,330	\$ 1,889,076.07	\$ 38.29	.560	\$ 120.89	\$ 21.43	
OUTPATIENT VISITS	7,702	11,501	500,744.62	43.54	.130	65.01	5.68	
OFFICE VISITS	3,054	3,956	134,510.19	34.00	.045	44.04	1.53	
HOME VISITS	4	6	385.90	64.32	.000	96.48	.00	
EMERGENCY ROOM	4,657	5,631	337,584.45	59.95	.064	72.49	3.83	
PREVENTIVE CARE	6	6	218.24	36.37	.000	36.37	.00	
OB VISITS/COMPRE PERI	194	1,689	21,203.10	12.55	.019	109.29	.24	
OTHER OUTPATIENT	186	213	6,842.74	32.13	.002	36.79	.08	
INPATIENT VISITS	748	3,301	194,111.10	58.80	.037	259.51	2.20	
HOSPITAL VISITS	638	2,701	123,806.69	45.84	.031	194.05	1.40	
CRITICAL CARE	105	455	65,559.75	144.09	.005	624.38	.74	
SNF/ICF/TRANS IP CARE	100	145	4,744.66	32.72	.002	47.45	.05	
OPHTHALMOLOGICAL SERVICES	289	332	13,210.88	39.79	.004	45.71	.15	
EXAMINATIONS	289	331	13,175.59	39.81	.004	45.59	.15	
SERVICES AND MATERIALS	1	1	35.29	35.29	.000	35.29	.00	
INPATIENT HOSPITAL SURGERY	551	3,639	261,673.73	71.91	.041	474.91	2.97	
PRINCIPAL SURGEON	370	512	203,013.08	396.51	.006	548.68	2.30	
ASSISTANT SURGEON	35	35	7,645.06	218.43	.000	218.43	.09	
ANESTHESIOLOGIST	222	3,092	51,015.59	16.50	.035	229.80	.58	
OUTPATIENT SURGERY	1,412	4,230	272,356.76	64.39	.048	192.89	3.09	
PRINCIPAL SURGEON	1,187	1,596	223,635.14	140.12	.018	188.40	2.54	
ASSISTANT SURGEON	5	5	612.37	122.47	.000	122.47	.01	
ANESTHESIOLOGIST	297	2,629	48,109.25	18.30	.030	161.98	.55	
DIALYSIS	41	244	21,041.02	86.23	.003	513.20	.24	
PATHOLOGY	1,093	2,224	44,933.18	20.20	.025	41.11	.51	
RADIOLOGY	4,773	8,306	247,524.53	29.80	.094	51.86	2.81	
PSYCHIATRY	2	13	217.21	16.71	.000	108.61	.00	
IMMUNIZATION AND INJECTION	177	1,933	49,743.71	25.73	.022	281.04	.56	
OTHER SERVICES/ALL X-OVERS	4,938	13,607	283,519.33	20.84	.154	57.42	3.22	
@PHARMACY	42,816	661,798	\$ 15,581,614.36	\$ 23.54	7.509	\$ 363.92	\$ 176.79	
PRESCRIPTION DRUGS	42,349	182,361	15,034,434.26	82.44	2.069	355.01	170.58	
SNF/ICF	345	2,663	222,707.05	83.63	.030	645.53	2.53	
OUTPATIENTS	42,034	179,698	14,811,727.21	82.43	2.039	352.37	168.06	
MEDICAL SUPPLIES	3,730	479,437	547,180.10	1.14	5.440	146.70	6.21	
@DENTIST	1,900	8,474	\$ 365,061.62	\$ 43.08	.096	\$ 192.14	\$ 4.14	
VISITS - DIAGNOSTIC	1,276	4,745	72,248.33	15.23	.054	56.62	.82	
ORAL SURGERY	326	1,257	70,187.30	55.84	.014	215.30	.80	
DRUGS	39	48	1,050.00	21.88	.001	26.92	.01	
ANESTHESIA	47	47	4,600.00	97.87	.001	97.87	.05	
PERIODONTICS	16	22	1,601.12	72.78	.000	100.07	.02	
ENDODONTICS	182	338	59,038.00	174.67	.004	324.38	.67	
RESTORATIVE DENTISTRY	563	1,625	94,465.05	58.13	.018	167.79	1.07	
PROSTHETICS	4	4	120.00	30.00	.000	30.00	.00	
DENTURES, STAYPLATES	116	282	55,502.75	196.82	.003	478.47	.63	
SPACE MAINTAINERS	12	17	1,911.00	112.41	.000	159.25	.02	
MAXILLOFACIAL SERVICES	6	6	448.07	74.68	.000	74.68	.01	
FRACTURES, DISLOCATIONS	0	1	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	32	43	3,815.00	88.72	.000	119.22	.04	
ALL OTHER SERVICES	33	39	75.00	1.92	.000	2.27	.00	

88,135 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2,125	5,982	\$	127,877.46	\$ 21.38	.068	\$ 60.18	\$ 1.45
DIAGNOSTIC AND ANC. PROCED	1,056	1,076		47,196.54	43.86	.012	44.69	.54
EYE APPLIANCES	1,755	4,714		76,307.96	16.19	.053	43.48	.87
OTHER OPTOMETRIC SERVICES	118	192		4,372.96	22.78	.002	37.06	.05
@CHIROPRACTOR	285	425	\$	7,067.72	\$ 16.63	.005	\$ 24.80	\$.08
VISITS	259	396		6,612.76	16.70	.004	25.53	.08
OTHER SERVICES	26	29		454.96	15.69	.000	17.50	.01
@PODIATRIST	69	94	\$	1,350.44	\$ 14.37	.001	\$ 19.57	\$.02
MEDICINE/INJECTIONS	13	14		412.70	29.48	.000	31.75	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	56	80		937.74	11.72	.001	16.75	.01
@HOME HEALTH AGENCY	472	5,980	\$	268,739.51	\$ 44.94	.068	\$ 569.36	\$ 3.05
NURSE ANESTHESIST	93	712	\$	11,857.51	\$ 16.65	.008	\$ 127.50	\$.13
NURSE MIDWIFE	4	19	\$	696.08	\$ 36.64	.000	\$ 174.02	\$.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	4	4	\$	153.50	\$ 38.38	.000	\$ 38.38	\$.00
@TOTAL HOSPITAL	16,215	85,921	\$	13,542,607.94	\$ 157.62	.975	\$ 835.19	\$ 153.66
HOSP INPATIENT TOTAL	1,182	4,496		11,616,175.60	2583.67	.051	9827.56	131.80
HSC HOSPITALS	115	816		1,296,850.05	1589.28	.009	11276.96	14.71
NON-HSC HOSPITAL TOTAL	772	3,680		10,037,505.45	2727.58	.042	13001.95	113.89
ACCOMMODATIONS	766	3,680		3,117,617.56	847.18	.042	4070.00	35.37
ADMINISTRATIVE DAYS	3	3		330.65	110.22	.000	110.22	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	763	3,677		3,117,286.91	847.78	.042	4085.57	35.37
ANCILLARIES	771	0		6,919,887.89	.00	.000	8975.21	78.51
INPATIENT CROSSOVERS	310	0		281,820.10	.00	.000	909.10	3.20
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	15,692	81,425		1,926,432.34	23.66	.924	122.77	21.86
MEDICAL	2,888	4,926		227,622.64	46.21	.056	78.82	2.58
SURGERY	647	754		45,983.97	60.99	.009	71.07	.52
PATHOLOGY	6,528	27,811		356,984.92	12.84	.316	54.69	4.05
RADIOLOGY	4,258	6,199		484,146.85	78.10	.070	113.70	5.49
ROOM USE	6,083	8,057		343,737.62	42.66	.091	56.51	3.90
CROSSOVERS/ALL OTH OUTPTNT	7,287	33,678		467,956.34	13.90	.382	64.22	5.31
@COUNTY HOSPITAL TOTAL	91	534	\$	41,119.21	\$ 77.00	.006	\$ 451.86	\$.47
CO HOSPITAL INPATIENT TOTAL	8	21		24,368.60	1160.41	.000	3046.08	.28
HSC HOSPITALS	6	19		21,065.00	1108.68	.000	3510.83	.24
NON-HSC HOSPITALS TOTAL	1	2		2,450.32	1225.16	.000	2450.32	.03
ACCOMMODATIONS	1	2		1,231.20	615.60	.000	1231.20	.01
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2		1,231.20	615.60	.000	1231.20	.01
ANCILLARIES	1	0		1,219.12	.00	.000	1219.12	.01
INPATIENT CROSSOVERS	1	0		853.28	.00	.000	853.28	.01
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	86	513		16,750.61	32.65	.006	194.77	.19
MEDICAL	45	66		1,831.59	27.75	.001	40.70	.02
SURGERY	17	30		3,248.90	108.30	.000	191.11	.04
PATHOLOGY	25	121		2,166.19	17.90	.001	86.65	.02

RADIOLOGY	15	35	2,621.45	74.90	.000	174.76	.03
ROOM USE	66	109	4,789.84	43.94	.001	72.57	.05
CROSSOVERS/ALL OTH OUTPTNT	39	152	2,092.64	13.77	.002	53.66	.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,139

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

LAKE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

	88,135 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	16,147	85,387	\$ 13,501,488.73	\$ 158.12	.969	\$ 836.16	\$ 153.19	
COMM HOSP INPATIENT TOTAL	1,174	4,475	11,591,807.00	2590.35	.051	9873.77	131.52	
HSC HOSPITALS	109	797	1,275,785.05	1600.73	.009	11704.45	14.48	
NON-HSC HOSPITALS TOTAL	771	3,678	10,035,055.13	2728.40	.042	13015.64	113.86	
ACCOMMODATIONS	765	3,678	3,116,386.36	847.30	.042	4073.71	35.36	
ADMINISTRATIVE DAYS	3	3	330.65	110.22	.000	110.22	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	762	3,675	3,116,055.71	847.91	.042	4089.31	35.36	
ANCILLARIES	770	0	6,918,668.77	.00	.000	8985.28	78.50	
INPATIENT CROSSOVERS	309	0	280,966.82	.00	.000	909.28	3.19	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	15,627	80,912	1,909,681.73	23.60	.918	122.20	21.67	
MEDICAL	2,846	4,860	225,791.05	46.46	.055	79.34	2.56	
SURGERY	630	724	42,735.07	59.03	.008	67.83	.48	
PATHOLOGY	6,506	27,690	354,818.73	12.81	.314	54.54	4.03	
RADIOLOGY	4,245	6,164	481,525.40	78.12	.070	113.43	5.46	
ROOM USE	6,025	7,948	338,947.78	42.65	.090	56.26	3.85	
CROSSOVERS/ALL OTH OUTPTNT	7,251	33,526	465,863.70	13.90	.380	64.25	5.29	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	269	6,231	\$ 839,101.55	\$ 134.67	.071	\$ 3119.34	\$ 9.52	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	1	13	1,885.78	145.06	.000	1885.78	.02	
LEV B-SUBACUTE FREESTANDING	0	0	1,682.96	.00	.000	.00	.02	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	268	6,218	835,532.81	134.37	.071	3117.66	9.48	
@INTERMEDIATE CARE FACIL.-DD	4	94	\$ 16,207.92	\$ 172.42	.001	\$ 4051.98	\$.18	
ICF DDH	4	94	16,207.92	172.42	.001	4051.98	.18	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	205	7,392	\$ 265,834.02	\$ 35.96	.084	\$ 1296.75	\$ 3.02	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	205	7,392	265,834.02	35.96	.084	1296.75	3.02	
@REHABILITATION FACILITY	14	137	\$ 2,690.64	\$ 19.64	.002	\$ 192.19	\$.03	
HOSPITAL BASED	8	66	1,837.43	27.84	.001	229.68	.02	
INDEPENDENT FACILITY	6	71	853.21	12.02	.001	142.20	.01	
@LABORATORY FACILITY	1,143	4,179	\$ 60,302.46	\$ 14.43	.047	\$ 52.76	\$.68	
PATHOLOGY	1,130	4,138	59,874.95	14.47	.047	52.99	.68	
XO AND OTHERS	13	41	427.51	10.43	.000	32.89	.00	
@ORGANIZED OUTPATIENT CLINIC	29,417	53,526	\$ 6,192,322.37	\$ 115.69	.607	\$ 210.50	\$ 70.26	
CLINIC	157	570	21,772.51	38.20	.006	138.68	.25	
SURGICENTER	88	371	19,281.84	51.97	.004	219.11	.22	
HEROIN DETOX CLINIC	1	18	213.11	11.84	.000	213.11	.00	
RURAL HEALTH CLINIC	29,242	52,567	6,151,054.91	117.01	.596	210.35	69.79	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,140

MOP024
LAKE COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

03/14/05

88,135 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	8,879	189,297	\$ 1,861,900.48	\$ 9.84	2.148	\$ 209.70	\$ 21.13
DURABLE MED. EQUIP.	896	2,757	479,839.14	174.04	.031	535.53	5.44
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	12	14	8,856.05	632.58	.000	738.00	.10
MEDICAL TRANSPORTATION	1,727	124,596	585,878.69	4.70	1.414	339.25	6.65
AMBULANCES/AIR TRANS	1,409	20,069	263,551.33	13.13	.228	187.05	2.99
OTHER TRANS	279	103,609	213,840.90	2.06	1.176	766.45	2.43
OTHER SERVICES	140	918	108,486.46	118.18	.010	774.90	1.23
ACUPUNCTURE	498	1,248	21,208.15	16.99	.014	42.59	.24
ADULT DAY HEALTH CARE CTR	5	91	5,821.40	63.97	.001	1164.28	.07
GENETIC DISEASE TESTING	34	34	3,570.00	105.00	.000	105.00	.04
IHMC,MODEL-NF,NF,AIDS,MSSP	715	3,514	338,102.94	96.22	.040	472.87	3.84
OCCUPATIONAL THERAPIST	8	58	782.75	13.50	.001	97.84	.01
OPTICIAN	1,765	4,413	43,890.70	9.95	.050	24.87	.50
PHYSICAL THERAPIST	200	1,677	24,502.27	14.61	.019	122.51	.28
PORTABLE X-RAY	3	5	78.06	15.61	.000	26.02	.00
PROSTHETIST/ORTHOTISTS	121	410	47,184.50	115.08	.005	389.95	.54
PROSTHETICS	121	410	47,184.50	115.08	.005	389.95	.54
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	5	27	1,353.22	50.12	.000	270.64	.02
SPEECH AND AUDIOLOGY	232	691	46,901.47	67.87	.008	202.16	.53
HOSPICE SERVICES	22	406	47,087.87	115.98	.005	2140.36	.53
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,601	12,102	130,668.24	10.80	.137	81.62	1.48
EPSDT SUPPLEMENTAL SERVICE	1	4	250.00	62.50	.000	250.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	1,732	37,250		75,925.03		2.04	.423	43.84	.86
@CALIF. CHILDREN SERVICES*	482	17,140	\$	1,164,858.47	\$	67.96	.194	\$ 2416.72	\$ 13.22
@XOVER EXCLUDING STATE HOSP**	6,872	83,309	\$	1,133,750.35	\$	13.61	.945	\$ 164.98	\$ 12.86

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 5,141

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

LAKE COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS

AID CODES 47 69

629 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----			
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	360	1,317	\$ 337,866.05	\$ 256.54	2.094	\$ 938.52	\$ 537.15	
@PHYSICIANS SERVICES	86	288	\$ 36,076.29	\$ 125.26	.458	\$ 419.49	\$ 57.35	
OUTPATIENT VISITS	54	60	2,503.90	41.73	.095	46.37	3.98	
OFFICE VISITS	26	28	844.28	30.15	.045	32.47	1.34	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	29	31	1,624.93	52.42	.049	56.03	2.58	
PREVENTIVE CARE	1	1	34.69	34.69	.002	34.69	.06	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	14	174	26,541.78	152.54	.277	1895.84	42.20	
HOSPITAL VISITS	8	23	1,223.86	53.21	.037	152.98	1.95	
CRITICAL CARE	10	151	25,317.92	167.67	.240	2531.79	40.25	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	3	3	150.67	50.22	.005	50.22	.24	
EXAMINATIONS	3	3	150.67	50.22	.005	50.22	.24	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	3	10	1,700.88	170.09	.016	566.96	2.70	
PRINCIPAL SURGEON	2	2	1,319.75	659.88	.003	659.88	2.10	
ASSISTANT SURGEON	1	1	194.52	194.52	.002	194.52	.31	
ANESTHESIOLOGIST	1	7	186.61	26.66	.011	186.61	.30	
OUTPATIENT SURGERY	2	6	342.18	57.03	.010	171.09	.54	
PRINCIPAL SURGEON	1	1	120.63	120.63	.002	120.63	.19	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	1	5	221.55	44.31	.008	221.55	.35	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	1	1	2.78	2.78	.002	2.78	.00	
RADIOLOGY	18	19	230.06	12.11	.030	12.78	.37	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	4	6	4,151.18	691.86	.010	1037.80	6.60	
OTHER SERVICES/ALL X-OVERS	7	9	452.86	50.32	.014	64.69	.72	
@PHARMACY	110	196	\$ 5,024.76	\$ 25.64	.312	\$ 45.68	\$ 7.99	
PRESCRIPTION DRUGS	110	196	5,024.76	25.64	.312	45.68	7.99	
SNF/ICF	0	0	.00	.00	.000	.00	.00	
OUTPATIENTS	110	196	5,024.76	25.64	.312	45.68	7.99	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00	
@DENTIST	0	0	\$.00	\$.00	.000	.00	\$.00	
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	.00	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,142
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

629 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	2	4	\$ 209.98	\$ 52.50	.006	\$ 104.99	\$.33
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	75	407	\$ 248,720.09	\$ 611.11	.647	\$ 3316.27	\$ 395.42
HOSP INPATIENT TOTAL	10	215	244,073.61	1135.23	.342	24407.36	388.03
HSC HOSPITALS	6	113	191,390.00	1693.72	.180	31898.33	304.28
NON-HSC HOSPITAL TOTAL	4	102	52,683.61	516.51	.162	13170.90	83.76
ACCOMMODATIONS	4	102	8,916.60	87.42	.162	2229.15	14.18
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	102	8,916.60	87.42	.162	2229.15	14.18
ANCILLARIES	4	0	43,767.01	.00	.000	10941.75	69.58
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	67	192	4,646.48	24.20	.305	69.35	7.39
MEDICAL	10	11	782.40	71.13	.017	78.24	1.24
SURGERY	1	1	66.93	66.93	.002	66.93	.11
PATHOLOGY	21	80	790.48	9.88	.127	37.64	1.26
RADIOLOGY	16	16	562.93	35.18	.025	35.18	.89
ROOM USE	42	47	1,806.90	38.44	.075	43.02	2.87
CROSSOVERS/ALL OTH OUTPTNT	28	37	636.84	17.21	.059	22.74	1.01
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,143
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

629 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	75	407	\$ 248,720.09	\$ 611.11	.647	\$ 3316.27	\$ 395.42	
COMM HOSP INPATIENT TOTAL	10	215	244,073.61	1135.23	.342	24407.36	388.03	
HSC HOSPITALS	6	113	191,390.00	1693.72	.180	31898.33	304.28	
NON-HSC HOSPITALS TOTAL	4	102	52,683.61	516.51	.162	13170.90	83.76	
ACCOMMODATIONS	4	102	8,916.60	87.42	.162	2229.15	14.18	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	4	102	8,916.60	87.42	.162	2229.15	14.18	
ANCILLARIES	4	0	43,767.01	.00	.000	10941.75	69.58	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	67	192	4,646.48	24.20	.305	69.35	7.39	
MEDICAL	10	11	782.40	71.13	.017	78.24	1.24	
SURGERY	1	1	66.93	66.93	.002	66.93	.11	
PATHOLOGY	21	80	790.48	9.88	.127	37.64	1.26	
RADIOLOGY	16	16	562.93	35.18	.025	35.18	.89	
ROOM USE	42	47	1,806.90	38.44	.075	43.02	2.87	
CROSSOVERS/ALL OTH OUTPTNT	28	37	636.84	17.21	.059	22.74	1.01	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00	
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00	
@LABORATORY FACILITY	1	2	\$ 20.54	\$ 10.27	.003	\$ 20.54	\$.03	
PATHOLOGY	1	2	20.54	10.27	.003	20.54	.03	
XO AND OTHERS	0	0	.00	.00	.000	.00	.00	

@ORGANIZED OUTPATIENT CLINIC	257	411	\$	47,360.26	\$	115.23	.653	\$	184.28	\$	75.29
CLINIC	1	1		32.62		32.62	.002		32.62		.05
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	256	410		47,327.64		115.43	.652		184.87		75.24

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,144
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

	629 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4	9	\$	454.13	\$ 50.46	.014	\$ 113.53	\$.72
DURABLE MED. EQUIP.	2	2		199.98	99.99	.003	99.99	.32
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	7		254.15	36.31	.011	127.08	.40
AMBULANCES/AIR TRANS	2	7		254.15	36.31	.011	127.08	.40
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	13	336	\$	211,712.87	\$ 630.10	.534	\$ 16285.61	\$ 336.59
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 5,145
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT	AID CODES 44 48 49

	785 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	833	6,157	\$	662,951.53	\$ 107.67	7.843	\$ 795.86	\$ 844.52
@PHYSICIANS SERVICES	389	2,212	\$	61,138.77	\$ 27.64	2.818	\$ 157.17	\$ 77.88
OUTPATIENT VISITS	196	1,488		18,355.72	12.34	1.896	93.65	23.38
OFFICE VISITS	14	18		508.08	28.23	.023	36.29	.65
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	24	24		1,461.15	60.88	.031	60.88	1.86

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	162	1,446	16,386.49	11.33	1.842	101.15	20.87
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	39	97	6,071.53	62.59	.124	155.68	7.73
HOSPITAL VISITS	37	76	3,332.69	43.85	.097	90.07	4.25
CRITICAL CARE	4	21	2,738.84	130.42	.027	684.71	3.49
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	64	313	28,573.55	91.29	.399	446.46	36.40
PRINCIPAL SURGEON	46	48	22,447.28	467.65	.061	487.98	28.60
ASSISTANT SURGEON	4	4	666.63	166.66	.005	166.66	.85
ANESTHESIOLOGIST	26	261	5,459.64	20.92	.332	209.99	6.95
OUTPATIENT SURGERY	36	82	1,508.24	18.39	.104	41.90	1.92
PRINCIPAL SURGEON	34	60	1,090.77	18.18	.076	32.08	1.39
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	22	417.47	18.98	.028	139.16	.53
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	55	68	1,655.96	24.35	.087	30.11	2.11
RADIOLOGY	114	130	3,757.47	28.90	.166	32.96	4.79
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	8	176.57	22.07	.010	44.14	.22
OTHER SERVICES/ALL X-OVERS	18	26	1,039.73	39.99	.033	57.76	1.32
@PHARMACY	228	450	\$ 14,193.71	\$ 31.54	.573	\$ 62.25	\$ 18.08
PRESCRIPTION DRUGS	220	397	11,371.91	28.64	.506	51.69	14.49
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	220	397	11,371.91	28.64	.506	51.69	14.49
MEDICAL SUPPLIES	25	53	2,821.80	53.24	.068	112.87	3.59
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,146
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

	785 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	42	50	\$	2,982.59	\$ 59.65	.064	\$ 71.01	\$ 3.80
NURSE ANESTHESIST	1	6	\$	113.93	\$ 18.99	.008	\$ 113.93	\$.15
NURSE MIDWIFE	4	31	\$	524.46	\$ 16.92	.039	\$ 131.12	\$.67
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	390	1,871	\$	449,417.97	\$ 240.20	2.383	\$ 1152.35	\$ 572.51
HOSP INPATIENT TOTAL	69	269		415,335.92	1544.00	.343	6019.36	529.09
HSC HOSPITALS	1	5		7,800.00	1560.00	.006	7800.00	9.94
NON-HSC HOSPITAL TOTAL	68	264		407,535.92	1543.70	.336	5993.18	519.15
ACCOMMODATIONS	68	264		143,374.23	543.08	.336	2108.44	182.64
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	68	264		143,374.23	543.08	.336	2108.44	182.64
ANCILLARIES	68	0		264,161.69	.00	.000	3884.73	336.51
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	353	1,602		34,082.05	21.27	2.041	96.55	43.42
MEDICAL	15	20		609.84	30.49	.025	40.66	.78
SURGERY	50	91		2,246.34	24.69	.116	44.93	2.86
PATHOLOGY	251	998		15,227.14	15.26	1.271	60.67	19.40
RADIOLOGY	113	132		8,341.11	63.19	.168	73.82	10.63
ROOM USE	85	131		4,644.35	35.45	.167	54.64	5.92
CROSSOVERS/ALL OTH OUTPTNT	80	230		3,013.27	13.10	.293	37.67	3.84
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,147
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

	785 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	390	1,871	\$	449,417.97	\$ 240.20	2.383	\$ 1152.35	\$ 572.51
COMM HOSP INPATIENT TOTAL	69	269		415,335.92	1544.00	.343	6019.36	529.09
HSC HOSPITALS	1	5		7,800.00	1560.00	.006	7800.00	9.94
NON-HSC HOSPITALS TOTAL	68	264		407,535.92	1543.70	.336	5993.18	519.15
ACCOMMODATIONS	68	264		143,374.23	543.08	.336	2108.44	182.64
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	68	264		143,374.23	543.08	.336	2108.44	182.64
ANCILLARIES	68	0		264,161.69	.00	.000	3884.73	336.51
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	353	1,602		34,082.05	21.27	2.041	96.55	43.42
MEDICAL	15	20		609.84	30.49	.025	40.66	.78
SURGERY	50	91		2,246.34	24.69	.116	44.93	2.86
PATHOLOGY	251	998		15,227.14	15.26	1.271	60.67	19.40
RADIOLOGY	113	132		8,341.11	63.19	.168	73.82	10.63
ROOM USE	85	131		4,644.35	35.45	.167	54.64	5.92
CROSSOVERS/ALL OTH OUTPTNT	80	230		3,013.27	13.10	.293	37.67	3.84
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	15	28	\$	501.83	\$	17.92	.036	\$	33.46	\$	.64
PATHOLOGY	15	28		501.83		17.92	.036		33.46		.64
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	385	835	\$	107,915.43	\$	129.24	1.064	\$	280.30	\$	137.47
CLINIC	4	19		886.15		46.64	.024		221.54		1.13
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	381	816		107,029.28		131.16	1.039		280.92		136.34

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,148
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

						----- MONTHLY AVERAGE -----			
785 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@ALL OTHER PROVIDERS	51	674	\$ 26,162.84	\$ 38.82	.859	\$ 513.00	\$ 33.33		
DURABLE MED. EQUIP.	5	5	1,052.25	210.45	.006	210.45	1.34		
BLOOD BANK	0	0	.00	.00	.000	.00	.00		
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00		
MEDICAL TRANSPORTATION	17	639	22,040.46	34.49	.814	1296.50	28.08		
AMBULANCES/AIR TRANS	15	630	9,215.46	14.63	.803	614.36	11.74		
OTHER TRANS	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES	9	9	12,825.00	1425.00	.011	1425.00	16.34		
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00		
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00		
GENETIC DISEASE TESTING	27	27	2,835.00	105.00	.034	105.00	3.61		
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00		
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00		
OPTICIAN	0	0	.00	.00	.000	.00	.00		
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00		
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00		
PROSTHETIST/ORTHOTISTS	1	1	144.48	144.48	.001	144.48	.18		
PROSTHETICS	1	1	144.48	144.48	.001	144.48	.18		
ORTHOTICS	0	0	.00	.00	.000	.00	.00		
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00		
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00		
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00		
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00		
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00		
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00		
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00		
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00		
ALL OTHER PROVIDERS	1	2	90.65	45.33	.003	90.65	.12		
@CALIF. CHILDREN SERVICES*	1	41CR	\$ 56,862.23CR	\$ 1386.88	.052CR\$	56862.23CR\$	72.44CR		
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00		

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,149
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	9	23	\$	1,112.35	\$	48.36	23.000	\$	123.59	\$	1112.35
@PHYSICIANS SERVICES	1	1	\$	445.92	\$	445.92	1.000	\$	445.92	\$	445.92
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	1	1		445.92		445.92	1.000		445.92		445.92
PRINCIPAL SURGEON	1	1		445.92		445.92	1.000		445.92		445.92
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	2	5	\$	140.68	\$	28.14	5.000	\$	70.34	\$	140.68
PRESCRIPTION DRUGS	2	5		140.68		28.14	5.000		70.34		140.68
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	2	5		140.68		28.14	5.000		70.34		140.68
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 5,150
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM	AID CODE 76

					----- MONTHLY AVERAGE -----		
01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE

@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	4	15	\$	200.84	\$	13.39	15.000	\$	50.21	\$	200.84
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	4	15		200.84		13.39	15.000		50.21		200.84
MEDICAL	1	4		59.27		14.82	4.000		59.27		59.27
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	2	7		48.17		6.88	7.000		24.09		48.17

RADIOLOGY	1	1	35.93	35.93	1.000	35.93	35.93
ROOM USE	1	1	17.11	17.11	1.000	17.11	17.11
CROSSOVERS/ALL OTH OUTPTNT	1	2	40.36	20.18	2.000	40.36	40.36
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,151
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	15	\$ 200.84	\$ 13.39	15.000	\$ 50.21	\$ 200.84
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	15	200.84	13.39	15.000	50.21	200.84
MEDICAL	1	4	59.27	14.82	4.000	59.27	59.27
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	7	48.17	6.88	7.000	24.09	48.17
RADIOLOGY	1	1	35.93	35.93	1.000	35.93	35.93
ROOM USE	1	1	17.11	17.11	1.000	17.11	17.11
CROSSOVERS/ALL OTH OUTPTNT	1	2	40.36	20.18	2.000	40.36	40.36
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2	2	\$ 324.91	\$ 162.46	2.000	\$ 162.46	\$ 324.91
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2	2	324.91	162.46	2.000	162.46	324.91

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,152
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 LAKE COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

1,415 ELIGIBLES		----- MONTHLY AVERAGE -----						
	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	1,202	7,497	\$ 1,001,929.93	\$ 133.64	5.298	\$ 833.55	\$ 708.08	
@PHYSICIANS SERVICES	476	2,501	\$ 97,660.98	\$ 39.05	1.767	\$ 205.17	\$ 69.02	
OUTPATIENT VISITS	250	1,548	20,859.62	13.48	1.094	83.44	14.74	
OFFICE VISITS	40	46	1,352.36	29.40	.033	33.81	.96	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	53	55	3,086.08	56.11	.039	58.23	2.18	
PREVENTIVE CARE	1	1	34.69	34.69	.001	34.69	.02	
OB VISITS/COMPRE PERI	162	1,446	16,386.49	11.33	1.022	101.15	11.58	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	53	271	32,613.31	120.34	.192	615.35	23.05	
HOSPITAL VISITS	45	99	4,556.55	46.03	.070	101.26	3.22	
CRITICAL CARE	14	172	28,056.76	163.12	.122	2004.05	19.83	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	3	3	150.67	50.22	.002	50.22	.11	
EXAMINATIONS	3	3	150.67	50.22	.002	50.22	.11	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	67	323	30,274.43	93.73	.228	451.86	21.40	
PRINCIPAL SURGEON	48	50	23,767.03	475.34	.035	495.15	16.80	
ASSISTANT SURGEON	5	5	861.15	172.23	.004	172.23	.61	
ANESTHESIOLOGIST	27	268	5,646.25	21.07	.189	209.12	3.99	
OUTPATIENT SURGERY	39	89	2,296.34	25.80	.063	58.88	1.62	
PRINCIPAL SURGEON	36	62	1,657.32	26.73	.044	46.04	1.17	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	4	27	639.02	23.67	.019	159.76	.45	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	56	69	1,658.74	24.04	.049	29.62	1.17	
RADIOLOGY	132	149	3,987.53	26.76	.105	30.21	2.82	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	8	14	4,327.75	309.13	.010	540.97	3.06	
OTHER SERVICES/ALL X-OVERS	25	35	1,492.59	42.65	.025	59.70	1.05	
@PHARMACY	340	651	\$ 19,359.15	\$ 29.74	.460	\$ 56.94	\$ 13.68	
PRESCRIPTION DRUGS	332	598	16,537.35	27.65	.423	49.81	11.69	
SNF/ICF	0	0	.00	.00	.000	.00	.00	
OUTPATIENTS	332	598	16,537.35	27.65	.423	49.81	11.69	
MEDICAL SUPPLIES	25	53	2,821.80	53.24	.037	112.87	1.99	
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	.00	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00	

1,415 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	44	54	\$ 3,192.57	\$ 59.12	.038	\$ 72.56	\$ 2.26
NURSE ANESTHESIST	1	6	\$ 113.93	\$ 18.99	.004	\$ 113.93	\$.08
NURSE MIDWIFE	4	31	\$ 524.46	\$ 16.92	.022	\$ 131.12	\$.37
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	469	2,293	\$ 698,338.90	\$ 304.55	1.620	\$ 1489.00	\$ 493.53
HOSP INPATIENT TOTAL	79	484	659,409.53	1362.42	.342	8346.96	466.01
HSC HOSPITALS	7	118	199,190.00	1688.05	.083	28455.71	140.77
NON-HSC HOSPITAL TOTAL	72	366	460,219.53	1257.43	.259	6391.94	325.24
ACCOMMODATIONS	72	366	152,290.83	416.10	.259	2115.15	107.63
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	72	366	152,290.83	416.10	.259	2115.15	107.63
ANCILLARIES	72	0	307,928.70	.00	.000	4276.79	217.62
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	424	1,809	38,929.37	21.52	1.278	91.81	27.51
MEDICAL	26	35	1,451.51	41.47	.025	55.83	1.03
SURGERY	51	92	2,313.27	25.14	.065	45.36	1.63
PATHOLOGY	274	1,085	16,065.79	14.81	.767	58.63	11.35
RADIOLOGY	130	149	8,939.97	60.00	.105	68.77	6.32
ROOM USE	128	179	6,468.36	36.14	.127	50.53	4.57
CROSSOVERS/ALL OTH OUTPTNT	109	269	3,690.47	13.72	.190	33.86	2.61
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,155
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

	1,415 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	469	2,293	\$	698,338.90	\$ 304.55	1.620	\$ 1489.00	\$ 493.53
COMM HOSP INPATIENT TOTAL	79	484		659,409.53	1362.42	.342	8346.96	466.01
HSC HOSPITALS	7	118		199,190.00	1688.05	.083	28455.71	140.77
NON-HSC HOSPITALS TOTAL	72	366		460,219.53	1257.43	.259	6391.94	325.24
ACCOMMODATIONS	72	366		152,290.83	416.10	.259	2115.15	107.63
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	72	366		152,290.83	416.10	.259	2115.15	107.63
ANCILLARIES	72	0		307,928.70	.00	.000	4276.79	217.62
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	424	1,809		38,929.37	21.52	1.278	91.81	27.51
MEDICAL	26	35		1,451.51	41.47	.025	55.83	1.03
SURGERY	51	92		2,313.27	25.14	.065	45.36	1.63
PATHOLOGY	274	1,085		16,065.79	14.81	.767	58.63	11.35
RADIOLOGY	130	149		8,939.97	60.00	.105	68.77	6.32
ROOM USE	128	179		6,468.36	36.14	.127	50.53	4.57
CROSSOVERS/ALL OTH OUTPTNT	109	269		3,690.47	13.72	.190	33.86	2.61
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	16	30	\$	522.37	\$	17.41	\$	32.65
PATHOLOGY	16	30		522.37		17.41		32.65
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	644	1,248	\$	155,600.60	\$	124.68	\$	241.62
CLINIC	5	20		918.77		45.94		183.75
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	639	1,228		154,681.83		125.96		242.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
LAKE COUNTY	SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76							

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1,415 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	55	683	\$ 26,616.97	\$ 38.97	.483	\$ 483.94	\$ 18.81
DURABLE MED. EQUIP.	7	7	1,252.23	178.89	.005	178.89	.88
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	19	646	22,294.61	34.51	.457	1173.40	15.76
AMBULANCES/AIR TRANS	17	637	9,469.61	14.87	.450	557.04	6.69
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	9	9	12,825.00	1425.00	.006	1425.00	9.06
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	27	27	2,835.00	105.00	.019	105.00	2.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	144.48	144.48	.001	144.48	.10
PROSTHETICS	1	1	144.48	144.48	.001	144.48	.10
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	1	2	90.65	45.33	.001	90.65	.06
@CALIF. CHILDREN SERVICES*	14	295	\$ 154,850.64	\$ 524.92	.208	\$ 11060.76	\$ 109.44
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

LAKE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED

AID CODE 16

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
1,626 ELIGIBLES							
@TOTAL, ALL PROVIDERS	1,593	51,913	\$ 816,345.91	\$ 15.73	31.927	\$ 512.46	\$ 502.06
@PHYSICIANS SERVICES	342	1,466	\$ 25,853.78	\$ 17.64	.902	\$ 75.60	\$ 15.90
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	8.01	8.01	.001	8.01	.00
EXAMINATIONS	1	1	8.01	8.01	.001	8.01	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2	25.23	12.62	.001	12.62	.02
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	340	1,463	25,820.54	17.65	.900	75.94	15.88
@PHARMACY	1,391	34,613	\$ 486,865.83	\$ 14.07	21.287	\$ 350.01	\$ 299.43
PRESCRIPTION DRUGS	1,365	6,782	468,976.80	69.15	4.171	343.57	288.42
SNF/ICF	27	235	12,953.10	55.12	.145	479.74	7.97
OUTPATIENTS	1,344	6,547	456,023.70	69.65	4.026	339.30	280.46
MEDICAL SUPPLIES	206	27,831	17,889.03	.64	17.116	86.84	11.00
@DENTIST	15	50	\$ 3,651.00	\$ 73.02	.031	\$ 243.40	\$ 2.25
VISITS - DIAGNOSTIC	8	28	414.00	14.79	.017	51.75	.25
ORAL SURGERY	3	7	327.00	46.71	.004	109.00	.20
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1	55.00	55.00	.001	55.00	.03
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	8	14	2,855.00	203.93	.009	356.88	1.76
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,158
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

1,626 ELIGIBLES		USERS		UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	36			97	\$	1,596.22	\$ 16.46	.060	\$ 44.34	\$.98
DIAGNOSTIC AND ANC. PROCED	1			1		47.45	47.45	.001	47.45	.03
EYE APPLIANCES	32			89		1,447.20	16.26	.055	45.23	.89
OTHER OPTOMETRIC SERVICES	4			7		101.57	14.51	.004	25.39	.06
@CHIROPRACTOR	0			0	\$	.00	.00	.000	.00	.00
VISITS	0			0		.00	.00	.000	.00	.00
OTHER SERVICES	0			0		.00	.00	.000	.00	.00
@PODIATRIST	2			3	\$	76.54	\$ 25.51	.002	\$ 38.27	\$.05
MEDICINE/INJECTIONS	0			0		.00	.00	.000	.00	.00
SURGERY/ANES.	0			0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0			0		.00	.00	.000	.00	.00
OTHER	2			3		76.54	25.51	.002	38.27	.05
@HOME HEALTH AGENCY	0			0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0			0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0			0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0			0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0			0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	358			2,437	\$	77,321.50	\$ 31.73	1.499	\$ 215.98	\$ 47.55
HOSP INPATIENT TOTAL	52			0		41,166.53	.00	.000	791.66	25.32
HSC HOSPITALS	0			0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0			0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0			0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0			0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0			0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0			0		.00	.00	.000	.00	.00
ANCILLARIES	0			0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	52			0		41,166.53	.00	.000	791.66	25.32
ALL OTHER INPATIENT	0			0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	343			2,437		36,154.97	14.84	1.499	105.41	22.24
MEDICAL	0			0		.00	.00	.000	.00	.00
SURGERY	0			0		.00	.00	.000	.00	.00
PATHOLOGY	0			0		.00	.00	.000	.00	.00
RADIOLOGY	0			0		.00	.00	.000	.00	.00
ROOM USE	1			1		34.21	34.21	.001	34.21	.02
CROSSOVERS/ALL OTH OUTPTNT	343			2,436		36,120.76	14.83	1.498	105.31	22.21
@COUNTY HOSPITAL TOTAL	1			12	\$	926.26	\$ 77.19	.007	\$ 926.26	\$.57
CO HOSPITAL INPATIENT TOTAL	1			0		876.00	.00	.000	876.00	.54
HSC HOSPITALS	0			0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0			0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0			0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0			0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0			0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0			0		.00	.00	.000	.00	.00
ANCILLARIES	0			0		.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	.54
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	12	50.26	4.19	.007	50.26	.03
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	12	50.26	4.19	.007	50.26	.03

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,159
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

	1,626 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	357	2,425	\$	76,395.24	\$ 31.50	1.491	\$ 213.99	\$ 46.98
COMM HOSP INPATIENT TOTAL	51	0		40,290.53	.00	.000	790.01	24.78
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	51	0		40,290.53	.00	.000	790.01	24.78
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	342	2,425		36,104.71	14.89	1.491	105.57	22.20
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	1		34.21	34.21	.001	34.21	.02
CROSSOVERS/ALL OTH OUTPTNT	342	2,424		36,070.50	14.88	1.491	105.47	22.18
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	25	571	\$	85,883.33	\$ 150.41	.351	\$ 3435.33	\$ 52.82
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	25	571		85,883.33	150.41	.351	3435.33	52.82
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	433	720	\$	40,376.10	\$	56.08	.443	\$	93.25	\$	24.83
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	10	10		2,041.96		204.20	.006		204.20		1.26
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	428	710		38,334.14		53.99	.437		89.57		23.58

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,160
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

	1,626 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	382		11,956	\$ 94,721.61	\$ 7.92	7.353	\$ 247.96	\$ 58.25
DURABLE MED. EQUIP.	9		27	8,496.43	314.68	.017	944.05	5.23
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	23		4,935	8,723.14	1.77	3.035	379.27	5.36
AMBULANCES/AIR TRANS	6		159	1,069.05	6.72	.098	178.18	.66
OTHER TRANS	13		4,722	7,427.49	1.57	2.904	571.35	4.57
OTHER SERVICES	7		54	226.60	4.20	.033	32.37	.14
ACUPUNCTURE	29		72	1,243.51	17.27	.044	42.88	.76
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	127		735	51,445.16	69.99	.452	405.08	31.64
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	39		89	959.15	10.78	.055	24.59	.59
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1		2	10.39	5.20	.001	10.39	.01
PROSTHETICS	1		2	10.39	5.20	.001	10.39	.01
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	31		52	3,028.65	58.24	.032	97.70	1.86

HOSPICE SERVICES	6	122		12,558.95	102.94	.075	2093.16	7.72
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	177	5,922		8,256.23	1.39	3.642	46.65	5.08
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	697	8,511	\$	133,908.72	\$ 15.73	5.234	\$ 192.12	\$ 82.35

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 5,161
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND	AID CODES 26 6A	

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	17	180	\$ 7,773.43	\$ 43.19	7.500	\$ 457.26	\$ 323.89
@PHYSICIANS SERVICES	3	4	\$ 51.95	\$ 12.99	.167	\$ 17.32	\$ 2.16
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	4	51.95	12.99	.167	17.32	2.16
@PHARMACY	17	145	\$ 7,348.51	\$ 50.68	6.042	\$ 432.27	\$ 306.19
PRESCRIPTION DRUGS	17	144	7,266.90	50.46	6.000	427.46	302.79
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	17	144	7,266.90	50.46	6.000	427.46	302.79
MEDICAL SUPPLIES	1	1	81.61	81.61	.042	81.61	3.40
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,162
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	3	18	\$ 146.60	\$ 8.14	.750	\$ 48.87	\$ 6.11
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	18	146.60	8.14	.750	48.87	6.11
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	18	146.60	8.14	.750	48.87	6.11
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,163
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	3	18	\$ 146.60	\$ 8.14	.750	\$ 48.87	\$ 6.11	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	3	18	146.60	8.14	.750	48.87	6.11	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	3	18	146.60	8.14	.750	48.87	6.11	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00	

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	5	5	\$	160.85	\$	32.17	.208	\$	32.17	\$	6.70
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	5	5		160.85		32.17	.208		32.17		6.70

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,164
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	8	8	\$ 65.52	\$ 8.19	.333	\$ 8.19	\$ 2.73
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	8	8	65.52	8.19	.333	8.19	2.73
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	11	28	\$ 242.53	\$ 8.66	1.167	\$ 22.05	\$ 10.11

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,165
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

1,441 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE

@TOTAL, ALL PROVIDERS	1,375	29,263	\$	782,664.06	\$	26.75	20.307	\$	569.21	\$	543.14
@PHYSICIANS SERVICES	228	1,000	\$	15,199.70	\$	15.20	.694	\$	66.67	\$	10.55
OUTPATIENT VISITS	11	13		846.17		65.09	.009		76.92		.59
OFFICE VISITS	5	5		187.95		37.59	.003		37.59		.13
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	6	8		658.22		82.28	.006		109.70		.46
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	1	7		238.20		34.03	.005		238.20		.17
HOSPITAL VISITS	1	7		238.20		34.03	.005		238.20		.17
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	3	3		104.23		34.74	.002		34.74		.07
EXAMINATIONS	3	3		104.23		34.74	.002		34.74		.07
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	3	18		679.89		37.77	.012		226.63		.47
PRINCIPAL SURGEON	1	1		421.82		421.82	.001		421.82		.29
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	17		258.07		15.18	.012		129.04		.18
OUTPATIENT SURGERY	5	13		2,037.30		156.72	.009		407.46		1.41
PRINCIPAL SURGEON	4	4		1,835.28		458.82	.003		458.82		1.27
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	9		202.02		22.45	.006		202.02		.14
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	3		51.72		17.24	.002		17.24		.04
RADIOLOGY	7	9		411.61		45.73	.006		58.80		.29
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	209	934		10,830.58		11.60	.648		51.82		7.52
@PHARMACY	1,167	18,083	\$	557,243.93	\$	30.82	12.549	\$	477.50	\$	386.71
PRESCRIPTION DRUGS	1,143	5,278		537,028.70		101.75	3.663		469.84		372.68

SNF/ICF	1	10	369.11	36.91	.007	369.11	.26
OUTPATIENTS	1,142	5,268	536,659.59	101.87	3.656	469.93	372.42
MEDICAL SUPPLIES	188	12,805	20,215.23	1.58	8.886	107.53	14.03
@DENTIST	36	123	\$ 6,544.00	\$ 53.20	.085	\$ 181.78	\$ 4.54
VISITS - DIAGNOSTIC	25	60	826.00	13.77	.042	33.04	.57
ORAL SURGERY	7	20	1,204.00	60.20	.014	172.00	.84
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	118.00	118.00	.001	118.00	.08
ENDODONTICS	3	3	760.00	253.33	.002	253.33	.53
RESTORATIVE DENTISTRY	8	22	2,149.00	97.68	.015	268.63	1.49
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	4	16	1,487.00	92.94	.011	371.75	1.03
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,166
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

1,441 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	44	109	\$ 1,939.02	\$ 17.79	.076	\$ 44.07	\$ 1.35
DIAGNOSTIC AND ANC. PROCED	4	4	181.79	45.45	.003	45.45	.13
EYE APPLIANCES	37	92	1,559.79	16.95	.064	42.16	1.08
OTHER OPTOMETRIC SERVICES	6	13	197.44	15.19	.009	32.91	.14
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	5	\$ 344.91	\$ 68.98	.003	\$ 344.91	\$.24
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	252	1,592	\$ 82,522.07	\$ 51.84	1.105	\$ 327.47	\$ 57.27
HOSP INPATIENT TOTAL	28	18	59,275.29	3293.07	.012	2116.97	41.13
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	3	18	38,008.93	2111.61	.012	12669.64	26.38
ACCOMMODATIONS	3	18	15,854.88	880.83	.012	5284.96	11.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	18	15,854.88	880.83	.012	5284.96	11.00
ANCILLARIES	3	0	22,154.05	.00	.000	7384.68	15.37
INPATIENT CROSSOVERS	25	0	21,266.36	.00	.000	850.65	14.76
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	238	1,574	23,246.78	14.77	1.092	97.68	16.13
MEDICAL	8	12	288.79	24.07	.008	36.10	.20
SURGERY	4	4	244.00	61.00	.003	61.00	.17
PATHOLOGY	8	72	1,109.26	15.41	.050	138.66	.77

RADIOLOGY	5	6	369.11	61.52	.004	73.82	.26
ROOM USE	8	11	749.84	68.17	.008	93.73	.52
CROSSOVERS/ALL OTH OUTPTNT	231	1,469	20,485.78	13.95	1.019	88.68	14.22
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

					----- MONTHLY AVERAGE -----			
1,441 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	252	1,592	\$ 82,522.07	\$ 51.84	1.105	\$ 327.47	\$ 57.27	
COMM HOSP INPATIENT TOTAL	28	18	59,275.29	3293.07	.012	2116.97	41.13	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	3	18	38,008.93	2111.61	.012	12669.64	26.38	
ACCOMMODATIONS	3	18	15,854.88	880.83	.012	5284.96	11.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	3	18	15,854.88	880.83	.012	5284.96	11.00	
ANCILLARIES	3	0	22,154.05	.00	.000	7384.68	15.37	
INPATIENT CROSSOVERS	25	0	21,266.36	.00	.000	850.65	14.76	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	238	1,574	23,246.78	14.77	1.092	97.68	16.13	
MEDICAL	8	12	288.79	24.07	.008	36.10	.20	
SURGERY	4	4	244.00	61.00	.003	61.00	.17	
PATHOLOGY	8	72	1,109.26	15.41	.050	138.66	.77	
RADIOLOGY	5	6	369.11	61.52	.004	73.82	.26	
ROOM USE	8	11	749.84	68.17	.008	93.73	.52	
CROSSOVERS/ALL OTH OUTPTNT	231	1,469	20,485.78	13.95	1.019	88.68	14.22	
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	4	22	\$ 23,527.67	\$ 1069.44	.015	\$ 5881.92	\$ 16.33	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	12,790.85	.00	.000	.00	8.88	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	4	22	10,736.82	488.04	.015	2684.21	7.45	
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00	

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	10	16	\$ 5,738.04	\$ 358.63	.011	\$ 573.80	\$ 3.98
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	10	16	5,738.04	358.63	.011	573.80	3.98
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	5	12	\$ 92.80	\$ 7.73	.008	\$ 18.56	\$.06
PATHOLOGY	3	3	37.60	12.53	.002	12.53	.03
XO AND OTHERS	2	9	55.20	6.13	.006	27.60	.04
@ORGANIZED OUTPATIENT CLINIC	569	971	\$ 55,424.74	\$ 57.08	.674	\$ 97.41	\$ 38.46
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	2	3	560.22	186.74	.002	280.11	.39
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	567	968	54,864.52	56.68	.672	96.76	38.07

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,168
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

1,441 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	152	7,330	\$ 34,087.18	\$ 4.65	5.087	\$ 224.26	\$ 23.66
DURABLE MED. EQUIP.	4	4	195.90	48.98	.003	48.98	.14
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	18	5,891	12,122.79	2.06	4.088	673.49	8.41
AMBULANCES/AIR TRANS	2	61	458.37	7.51	.042	229.19	.32
OTHER TRANS	13	5,810	11,569.16	1.99	4.032	889.94	8.03
OTHER SERVICES	3	20	95.26	4.76	.014	31.75	.07
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	21	126	15,330.15	121.67	.087	730.01	10.64
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	32	73	1,106.56	15.16	.051	34.58	.77
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	71.78	71.78	.001	71.78	.05
PROSTHETICS	1	1	71.78	71.78	.001	71.78	.05
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	4	118.72	29.68	.003	59.36	.08
HOSPICE SERVICES	1	14	1,705.62	121.83	.010	1705.62	1.18
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	83	1,217	3,435.66	2.82	.845	41.39	2.38
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	471	7,527	\$ 76,136.43	\$ 10.12	5.223	\$ 161.65	\$ 52.84

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
LAKE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

PAGE 5,170
03/14/05

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,171
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,172
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.000	\$	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 5,173

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

LAKE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

						----- MONTHLY AVERAGE -----		
3,091 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	2,985	81,356	\$ 1,606,783.40	\$ 19.75	26.320	\$ 538.29	\$ 519.83	
@PHYSICIANS SERVICES	573	2,470	\$ 41,105.43	\$ 16.64	.799	\$ 71.74	\$ 13.30	
OUTPATIENT VISITS	11	13	846.17	65.09	.004	76.92	.27	
OFFICE VISITS	5	5	187.95	37.59	.002	37.59	.06	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	6	8	658.22	82.28	.003	109.70	.21	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	1	7	238.20	34.03	.002	238.20	.08	
HOSPITAL VISITS	1	7	238.20	34.03	.002	238.20	.08	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	4	4	112.24	28.06	.001	28.06	.04	
EXAMINATIONS	4	4	112.24	28.06	.001	28.06	.04	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	3	18	679.89	37.77	.006	226.63	.22	
PRINCIPAL SURGEON	1	1	421.82	421.82	.000	421.82	.14	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	2	17	258.07	15.18	.005	129.04	.08	
OUTPATIENT SURGERY	5	13	2,037.30	156.72	.004	407.46	.66	
PRINCIPAL SURGEON	4	4	1,835.28	458.82	.001	458.82	.59	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	1	9	202.02	22.45	.003	202.02	.07	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	5	5	76.95	15.39	.002	15.39	.02	
RADIOLOGY	7	9	411.61	45.73	.003	58.80	.13	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	552	2,401	36,703.07	15.29	.777	66.49	11.87	
@PHARMACY	2,575	52,841	\$ 1,051,458.27	\$ 19.90	17.095	\$ 408.33	\$ 340.17	
PRESCRIPTION DRUGS	2,525	12,204	1,013,272.40	83.03	3.948	401.30	327.81	
SNF/ICF	28	245	13,322.21	54.38	.079	475.79	4.31	
OUTPATIENTS	2,503	11,959	999,950.19	83.61	3.869	399.50	323.50	
MEDICAL SUPPLIES	395	40,637	38,185.87	.94	13.147	96.67	12.35	
@DENTIST	51	173	\$ 10,195.00	\$ 58.93	.056	\$ 199.90	\$ 3.30	
VISITS - DIAGNOSTIC	33	88	1,240.00	14.09	.028	37.58	.40	
ORAL SURGERY	10	27	1,531.00	56.70	.009	153.10	.50	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	1	1	118.00	118.00	.000	118.00	.04	
ENDODONTICS	3	3	760.00	253.33	.001	253.33	.25	
RESTORATIVE DENTISTRY	9	23	2,204.00	95.83	.007	244.89	.71	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	

DENTURES, STAYPLATES	12	30	4,342.00	144.73	.010	361.83	1.40
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,174
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

	3,091 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	80	206	\$	3,535.24	\$ 17.16	.067	\$ 44.19	\$ 1.14
DIAGNOSTIC AND ANC. PROCED	5	5		229.24	45.85	.002	45.85	.07
EYE APPLIANCES	69	181		3,006.99	16.61	.059	43.58	.97
OTHER OPTOMETRIC SERVICES	10	20		299.01	14.95	.006	29.90	.10
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	2	3	\$	76.54	\$ 25.51	.001	\$ 38.27	\$.02
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	2	3		76.54	25.51	.001	38.27	.02
@HOME HEALTH AGENCY	1	5	\$	344.91	\$ 68.98	.002	\$ 344.91	\$.11
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	613	4,047	\$	159,990.17	\$ 39.53	1.309	\$ 261.00	\$ 51.76
HOSP INPATIENT TOTAL	80	18		100,441.82	5580.10	.006	1255.52	32.49
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	3	18		38,008.93	2111.61	.006	12669.64	12.30
ACCOMMODATIONS	3	18		15,854.88	880.83	.006	5284.96	5.13
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	18		15,854.88	880.83	.006	5284.96	5.13
ANCILLARIES	3	0		22,154.05	.00	.000	7384.68	7.17
INPATIENT CROSSOVERS	77	0		62,432.89	.00	.000	810.82	20.20
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	584	4,029		59,548.35	14.78	1.303	101.97	19.27
MEDICAL	8	12		288.79	24.07	.004	36.10	.09
SURGERY	4	4		244.00	61.00	.001	61.00	.08
PATHOLOGY	8	72		1,109.26	15.41	.023	138.66	.36
RADIOLOGY	5	6		369.11	61.52	.002	73.82	.12
ROOM USE	9	12		784.05	65.34	.004	87.12	.25
CROSSOVERS/ALL OTH OUTPTNT	577	3,923		56,753.14	14.47	1.269	98.36	18.36
@COUNTY HOSPITAL TOTAL	1	12	\$	926.26	\$ 77.19	.004	\$ 926.26	\$.30
CO HOSPITAL INPATIENT TOTAL	1	0		876.00	.00	.000	876.00	.28
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	.28
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	12	50.26	4.19	.004	50.26	.02
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	12	50.26	4.19	.004	50.26	.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,175
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

	3,091 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	612		4,035	\$ 159,063.91	\$ 39.42	1.305	\$ 259.91	\$ 51.46
COMM HOSP INPATIENT TOTAL	79		18	99,565.82	5531.43	.006	1260.33	32.21
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	3		18	38,008.93	2111.61	.006	12669.64	12.30
ACCOMMODATIONS	3		18	15,854.88	880.83	.006	5284.96	5.13
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3		18	15,854.88	880.83	.006	5284.96	5.13
ANCILLARIES	3		0	22,154.05	.00	.000	7384.68	7.17
INPATIENT CROSSOVERS	76		0	61,556.89	.00	.000	809.96	19.91
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	583		4,017	59,498.09	14.81	1.300	102.06	19.25
MEDICAL	8		12	288.79	24.07	.004	36.10	.09
SURGERY	4		4	244.00	61.00	.001	61.00	.08
PATHOLOGY	8		72	1,109.26	15.41	.023	138.66	.36
RADIOLOGY	5		6	369.11	61.52	.002	73.82	.12
ROOM USE	9		12	784.05	65.34	.004	87.12	.25

CROSSOVERS/ALL OTH OUTPTNT	576	3,911		56,702.88	14.50	1.265	98.44	18.34
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	29	593	\$	109,411.00	184.50	.192	3772.79	35.40
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		12,790.85	.00	.000	.00	4.14
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	29	593		96,620.15	162.93	.192	3331.73	31.26
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	10	16	\$	5,738.04	358.63	.005	573.80	1.86
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	10	16		5,738.04	358.63	.005	573.80	1.86
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	5	12	\$	92.80	7.73	.004	18.56	.03
PATHOLOGY	3	3		37.60	12.53	.001	12.53	.01
XO AND OTHERS	2	9		55.20	6.13	.003	27.60	.02
@ORGANIZED OUTPATIENT CLINIC	1,007	1,696	\$	95,961.69	56.58	.549	95.29	31.05
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	12	13		2,602.18	200.17	.004	216.85	.84
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,000	1,683		93,359.51	55.47	.544	93.36	30.20

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,176
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

					----- MONTHLY AVERAGE -----			
3,091 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	542	19,294	\$ 128,874.31	\$ 6.68	6.242	\$ 237.78	\$ 41.69	
DURABLE MED. EQUIP.	13	31	8,692.33	280.40	.010	668.64	2.81	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	41	10,826	20,845.93	1.93	3.502	508.44	6.74	
AMBULANCES/AIR TRANS	8	220	1,527.42	6.94	.071	190.93	.49	
OTHER TRANS	26	10,532	18,996.65	1.80	3.407	730.64	6.15	
OTHER SERVICES	10	74	321.86	4.35	.024	32.19	.10	
ACUPUNCTURE	29	72	1,243.51	17.27	.023	42.88	.40	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	148	861	66,775.31	77.56	.279	451.18	21.60	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	71	162	2,065.71	12.75	.052	29.09	.67	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	2	3	82.17	27.39	.001	41.09	.03	
PROSTHETICS	2	3	82.17	27.39	.001	41.09	.03	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	33	56	3,147.37	56.20	.018	95.37	1.02	

HOSPICE SERVICES	7	136		14,264.57	104.89	.044	2037.80	4.61
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	268	7,147		11,757.41	1.65	2.312	43.87	3.80
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1,179	16,066	\$	210,287.68	\$ 13.09	5.198	\$ 178.36	\$ 68.03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 5,177

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

LAKE COUNTY

SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED

AID CODE 18

2,970 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,584	107,724	\$ 1,485,761.50	\$ 13.79	36.271	\$ 574.99	\$ 500.26
@PHYSICIANS SERVICES	448	1,517	\$ 18,972.59	\$ 12.51	.511	\$ 42.35	\$ 6.39
OUTPATIENT VISITS	5	5	169.95	33.99	.002	33.99	.06
OFFICE VISITS	4	4	101.60	25.40	.001	25.40	.03
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.000	68.35	.02
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	4	.00	.00	.001	.00	.00
HOSPITAL VISITS	1	4	.00	.00	.001	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	12	228.09	19.01	.004	114.05	.08
PRINCIPAL SURGEON	1	2	108.72	54.36	.001	108.72	.04
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	10	119.37	11.94	.003	119.37	.04
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2	77.81	38.91	.001	38.91	.03
RADIOLOGY	1	1	6.06	6.06	.000	6.06	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	440	1,493	18,490.68	12.38	.503	42.02	6.23
@PHARMACY	2,207	80,295	\$ 795,969.82	\$ 9.91	27.035	\$ 360.66	\$ 268.00
PRESCRIPTION DRUGS	2,123	11,365	740,420.63	65.15	3.827	348.76	249.30
SNF/ICF	56	284	13,869.05	48.83	.096	247.66	4.67
OUTPATIENTS	2,069	11,081	726,551.58	65.57	3.731	351.16	244.63
MEDICAL SUPPLIES	458	68,930	55,549.19	.81	23.209	121.29	18.70
@DENTIST	38	124	\$ 6,595.25	\$ 53.19	.042	\$ 173.56	\$ 2.22
VISITS - DIAGNOSTIC	29	74	1,067.00	14.42	.025	36.79	.36
ORAL SURGERY	5	30	1,602.25	53.41	.010	320.45	.54

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.03
PERIODONTICS	1	1	118.00	118.00	.000	118.00	.04
ENDODONTICS	2	2	590.00	295.00	.001	295.00	.20
RESTORATIVE DENTISTRY	2	2	133.00	66.50	.001	66.50	.04
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	7	14	2,985.00	213.21	.005	426.43	1.01
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,178
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

2,970 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	54	146	\$ 2,463.97	\$ 16.88	.049	\$ 45.63	\$.83
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	46	132	2,208.58	16.73	.044	48.01	.74
OTHER OPTOMETRIC SERVICES	9	14	255.39	18.24	.005	28.38	.09
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	16	20	\$ 133.18	\$ 6.66	.007	\$ 8.32	\$.04
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	16	20	133.18	6.66	.007	8.32	.04
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	18	\$ 53.71	\$ 2.98	.006	\$ 53.71	\$.02
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	543	3,715	\$ 157,624.31	\$ 42.43	1.251	\$ 290.28	\$ 53.07
HOSP INPATIENT TOTAL	85	17	101,705.42	5982.67	.006	1196.53	34.24
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	3	17	33,507.46	1971.03	.006	11169.15	11.28
ACCOMMODATIONS	3	17	15,488.87	911.11	.006	5162.96	5.22
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	17	15,488.87	911.11	.006	5162.96	5.22
ANCILLARIES	3	0	18,018.59	.00	.000	6006.20	6.07
INPATIENT CROSSOVERS	82	0	68,197.96	.00	.000	831.68	22.96
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	514	3,698	55,918.89	15.12	1.245	108.79	18.83
MEDICAL	2	5	97.70	19.54	.002	48.85	.03
SURGERY	1	1	23.73	23.73	.000	23.73	.01
PATHOLOGY	4	11	137.20	12.47	.004	34.30	.05
RADIOLOGY	1	1	16.19	16.19	.000	16.19	.01
ROOM USE	2	4	124.38	31.10	.001	62.19	.04
CROSSOVERS/ALL OTH OUTPTNT	511	3,676	55,519.69	15.10	1.238	108.65	18.69
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

LAKE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

	2,970 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	543	3,715	\$	157,624.31	\$ 42.43	1.251	\$ 290.28	\$ 53.07
COMM HOSP INPATIENT TOTAL	85	17		101,705.42	5982.67	.006	1196.53	34.24
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	3	17		33,507.46	1971.03	.006	11169.15	11.28
ACCOMMODATIONS	3	17		15,488.87	911.11	.006	5162.96	5.22
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	17		15,488.87	911.11	.006	5162.96	5.22
ANCILLARIES	3	0		18,018.59	.00	.000	6006.20	6.07
INPATIENT CROSSOVERS	82	0		68,197.96	.00	.000	831.68	22.96
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	514	3,698		55,918.89	15.12	1.245	108.79	18.83
MEDICAL	2	5		97.70	19.54	.002	48.85	.03
SURGERY	1	1		23.73	23.73	.000	23.73	.01
PATHOLOGY	4	11		137.20	12.47	.004	34.30	.05
RADIOLOGY	1	1		16.19	16.19	.000	16.19	.01
ROOM USE	2	4		124.38	31.10	.001	62.19	.04
CROSSOVERS/ALL OTH OUTPTNT	511	3,676		55,519.69	15.10	1.238	108.65	18.69
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	80	1,515	\$	202,762.63	\$ 133.84	.510	\$ 2534.53	\$ 68.27
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	2	62		7,769.84	125.32	.021	3884.92	2.62
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	78	1,453		194,992.79	134.20	.489	2499.91	65.65
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	49	79	\$	41,817.00	\$ 529.33	.027	\$ 853.41	\$ 14.08
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	49	79		41,817.00	529.33	.027	853.41	14.08

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	539	846	\$	55,923.95	\$	66.10	.285	\$	103.76	\$	18.83
CLINIC	2	4		92.86		23.22	.001		46.43		.03
SURGICENTER	9	13		2,114.54		162.66	.004		234.95		.71
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	530	829		53,716.55		64.80	.279		101.35		18.09
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004										PAGE 5,180
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED										AID CODE 18

2,970 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	789	19,449	\$ 203,445.09	\$ 10.46	6.548	\$ 257.85	\$ 68.50
DURABLE MED. EQUIP.	19	76	8,862.00	116.61	.026	466.42	2.98
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	88	8,937	26,212.47	2.93	3.009	297.87	8.83
AMBULANCES/AIR TRANS	10	64	1,121.06	17.52	.022	112.11	.38
OTHER TRANS	63	8,724	24,309.76	2.79	2.937	385.87	8.19
OTHER SERVICES	20	149	781.65	5.25	.050	39.08	.26
ACUPUNCTURE	18	32	551.47	17.23	.011	30.64	.19
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	346	1,533	137,386.14	89.62	.516	397.07	46.26
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	55	142	1,571.15	11.06	.048	28.57	.53
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	4	57.47	14.37	.001	57.47	.02
PROSTHETICS	1	4	57.47	14.37	.001	57.47	.02
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	25	49	4,239.29	86.52	.016	169.57	1.43
HOSPICE SERVICES	1	29	3,294.98	113.62	.010	3294.98	1.11
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	385	8,647	21,270.12	2.46	2.911	55.25	7.16
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1,156	10,660	\$ 243,205.51	\$ 22.81	3.589	\$ 210.39	\$ 81.89

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 5,181
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND	AID CODE 28

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	29	889	\$ 18,267.29	\$ 20.55	38.652	\$ 629.91	\$ 794.23
@PHYSICIANS SERVICES	14	52	\$ 4,053.70	\$ 77.96	2.261	\$ 289.55	\$ 176.25
OUTPATIENT VISITS	8	18	491.33	27.30	.783	61.42	21.36
OFFICE VISITS	7	16	314.90	19.68	.696	44.99	13.69
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	176.43	88.22	.087	88.22	7.67
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	6	210.32	35.05	.261	52.58	9.14
EXAMINATIONS	4	6	210.32	35.05	.261	52.58	9.14
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	5	15	2,926.33	195.09	.652	585.27	127.23
PRINCIPAL SURGEON	5	10	2,780.35	278.04	.435	556.07	120.88
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	5	145.98	29.20	.217	145.98	6.35
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	60.25	60.25	.043	60.25	2.62
RADIOLOGY	2	3	93.66	31.22	.130	46.83	4.07
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	5	9	271.81	30.20	.391	54.36	11.82
@PHARMACY	29	711	\$ 9,565.13	\$ 13.45	30.913	\$ 329.83	\$ 415.88
PRESCRIPTION DRUGS	29	121	9,189.70	75.95	5.261	316.89	399.55

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	29	121	9,189.70	75.95	5.261	316.89	399.55
MEDICAL SUPPLIES	3	590	375.43	.64	25.652	125.14	16.32
@DENTIST	1	3	\$ 77.00	\$ 25.67	.130	\$ 77.00	\$ 3.35
VISITS - DIAGNOSTIC	1	3	77.00	25.67	.130	77.00	3.35
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,182
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	.00	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	12	87	\$ 2,601.83	\$ 29.91	3.783	\$ 216.82	\$ 113.12
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	12	87	2,601.83	29.91	3.783	216.82	113.12
MEDICAL	3	5	116.30	23.26	.217	38.77	5.06
SURGERY	2	2	315.38	157.69	.087	157.69	13.71
PATHOLOGY	8	37	461.01	12.46	1.609	57.63	20.04

RADIOLOGY	1	2	214.30	107.15	.087	214.30	9.32
ROOM USE	5	9	575.06	63.90	.391	115.01	25.00
CROSSOVERS/ALL OTH OUTPTNT	7	32	919.78	28.74	1.391	131.40	39.99
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,183
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	12	87	\$ 2,601.83	\$ 29.91	3.783	\$ 216.82	\$ 113.12
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	12	87	2,601.83	29.91	3.783	216.82	113.12
MEDICAL	3	5	116.30	23.26	.217	38.77	5.06
SURGERY	2	2	315.38	157.69	.087	157.69	13.71
PATHOLOGY	8	37	461.01	12.46	1.609	57.63	20.04
RADIOLOGY	1	2	214.30	107.15	.087	214.30	9.32
ROOM USE	5	9	575.06	63.90	.391	115.01	25.00
CROSSOVERS/ALL OTH OUTPTNT	7	32	919.78	28.74	1.391	131.40	39.99
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	12	14	\$ 1,484.56	\$ 106.04	.609	\$ 123.71	\$ 64.55
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	12	14	1,484.56	106.04	.609	123.71	64.55

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,184
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	5	22	\$ 485.07	\$ 22.05	.957	\$ 97.01	\$ 21.09
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	22	485.07	22.05	.957	97.01	21.09
AMBULANCES/AIR TRANS	5	22	485.07	22.05	.957	97.01	21.09
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	3	28	\$ 665.27	\$ 23.76	1.217	\$ 221.76	\$ 28.92

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

2,232 ELIGIBLES						AID CODE 68		----- MONTHLY AVERAGE -----	
	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@TOTAL, ALL PROVIDERS	2,060	87,838	\$ 1,682,364.16	\$ 19.15	39.354	\$ 816.68	\$ 753.75		
@PHYSICIANS SERVICES	473	2,418	\$ 90,369.68	\$ 37.37	1.083	\$ 191.06	\$ 40.49		
OUTPATIENT VISITS	97	134	5,874.16	43.84	.060	60.56	2.63		
OFFICE VISITS	59	80	2,541.78	31.77	.036	43.08	1.14		
HOME VISITS	0	0	.00	.00	.000	.00	.00		
EMERGENCY ROOM	40	51	3,268.70	64.09	.023	81.72	1.46		
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00		
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00		
OTHER OUTPATIENT	3	3	63.68	21.23	.001	21.23	.03		
INPATIENT VISITS	13	43	1,680.59	39.08	.019	129.28	.75		
HOSPITAL VISITS	13	43	1,680.59	39.08	.019	129.28	.75		
CRITICAL CARE	0	0	.00	.00	.000	.00	.00		
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00		
OPHTHALMOLOGICAL SERVICES	1	1	37.15	37.15	.000	37.15	.02		
EXAMINATIONS	1	1	37.15	37.15	.000	37.15	.02		
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00		
INPATIENT HOSPITAL SURGERY	9	105	4,041.33	38.49	.047	449.04	1.81		
PRINCIPAL SURGEON	6	12	2,617.65	218.14	.005	436.28	1.17		
ASSISTANT SURGEON	1	1	223.38	223.38	.000	223.38	.10		
ANESTHESIOLOGIST	4	92	1,200.30	13.05	.041	300.08	.54		
OUTPATIENT SURGERY	24	63	5,155.54	81.83	.028	214.81	2.31		
PRINCIPAL SURGEON	19	26	4,409.36	169.59	.012	232.07	1.98		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	6	37	746.18	20.17	.017	124.36	.33		
DIALYSIS	0	0	.00	.00	.000	.00	.00		
PATHOLOGY	24	59	1,064.28	18.04	.026	44.35	.48		

RADIOLOGY	73	187		6,870.46		36.74	.084	94.12	3.08
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	12	369		31,934.00		86.54	.165	2661.17	14.31
OTHER SERVICES/ALL X-OVERS	345	1,457		33,712.17		23.14	.653	97.72	15.10
@PHARMACY	1,763	55,503	\$	980,468.74	\$	17.67	24.867	\$ 556.14	\$ 439.28
PRESCRIPTION DRUGS	1,739	10,197		944,468.14		92.62	4.569	543.11	423.15
SNF/ICF	1	2		20.88		10.44	.001	20.88	.01
OUTPATIENTS	1,738	10,195		944,447.26		92.64	4.568	543.41	423.14
MEDICAL SUPPLIES	362	45,306		36,000.60		.79	20.298	99.45	16.13
@DENTIST	29	125	\$	5,275.00	\$	42.20	.056	\$ 181.90	\$ 2.36
VISITS - DIAGNOSTIC	20	69		1,041.00		15.09	.031	52.05	.47
ORAL SURGERY	7	36		1,960.00		54.44	.016	280.00	.88
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	4	4		946.00		236.50	.002	236.50	.42
RESTORATIVE DENTISTRY	5	10		853.00		85.30	.004	170.60	.38
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	3	6		475.00		79.17	.003	158.33	.21
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								
MOPO24	FEE-FOR-SERVICE/DENTAL								
LAKE COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED								
	AID CODE 68								

PAGE 5,186
03/14/05

2,232 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	59	149	\$ 3,397.01	\$ 22.80	.067	\$ 57.58	\$ 1.52
DIAGNOSTIC AND ANC. PROCED	16	16	754.82	47.18	.007	47.18	.34
EYE APPLIANCES	55	130	2,539.28	19.53	.058	46.17	1.14
OTHER OPTOMETRIC SERVICES	2	3	102.91	34.30	.001	51.46	.05
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	8	174	\$ 2,139.44	\$ 12.30	.078	\$ 267.43	\$.96
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	8	174	2,139.44	12.30	.078	267.43	.96
@HOME HEALTH AGENCY	16	100	\$ 7,067.89	\$ 70.68	.045	\$ 441.74	\$ 3.17
NURSE ANESTHESIST	2	31	\$ 130.74	\$ 4.22	.014	\$ 65.37	\$.06
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	458	2,991	\$ 348,577.87	\$ 116.54	1.340	\$ 761.09	\$ 156.17
HOSP INPATIENT TOTAL	54	91	292,592.57	3215.30	.041	5418.38	131.09
HSC HOSPITALS	1	34	29,105.44	856.04	.015	29105.44	13.04
NON-HSC HOSPITAL TOTAL	13	57	228,652.14	4011.44	.026	17588.63	102.44
ACCOMMODATIONS	12	57	65,830.61	1154.92	.026	5485.88	29.49
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	12	57	65,830.61	1154.92	.026	5485.88	29.49
ANCILLARIES	13	0	162,821.53	.00	.000	12524.73	72.95

INPATIENT CROSSOVERS	40	0	34,834.99	.00	.000	870.87	15.61
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	438	2,900	55,985.30	19.31	1.299	127.82	25.08
MEDICAL	39	76	2,992.57	39.38	.034	76.73	1.34
SURGERY	9	10	387.27	38.73	.004	43.03	.17
PATHOLOGY	69	280	3,335.26	11.91	.125	48.34	1.49
RADIOLOGY	53	92	8,217.07	89.32	.041	155.04	3.68
ROOM USE	59	79	3,672.34	46.49	.035	62.24	1.65
CROSSOVERS/ALL OTH OUTPTNT	353	2,363	37,380.79	15.82	1.059	105.89	16.75
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,187
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

2,232 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	458	2,991	\$ 348,577.87	\$ 116.54	1.340	\$ 761.09	\$ 156.17
COMM HOSP INPATIENT TOTAL	54	91	292,592.57	3215.30	.041	5418.38	131.09
HSC HOSPITALS	1	34	29,105.44	856.04	.015	29105.44	13.04
NON-HSC HOSPITALS TOTAL	13	57	228,652.14	4011.44	.026	17588.63	102.44
ACCOMMODATIONS	12	57	65,830.61	1154.92	.026	5485.88	29.49
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	12	57	65,830.61	1154.92	.026	5485.88	29.49
ANCILLARIES	13	0	162,821.53	.00	.000	12524.73	72.95
INPATIENT CROSSOVERS	40	0	34,834.99	.00	.000	870.87	15.61
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	438	2,900	55,985.30	19.31	1.299	127.82	25.08
MEDICAL	39	76	2,992.57	39.38	.034	76.73	1.34
SURGERY	9	10	387.27	38.73	.004	43.03	.17
PATHOLOGY	69	280	3,335.26	11.91	.125	48.34	1.49
RADIOLOGY	53	92	8,217.07	89.32	.041	155.04	3.68
ROOM USE	59	79	3,672.34	46.49	.035	62.24	1.65
CROSSOVERS/ALL OTH OUTPTNT	353	2,363	37,380.79	15.82	1.059	105.89	16.75
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	4	26	\$ 3,241.15	\$ 124.66	.012	\$ 810.29	\$ 1.45
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	4	26	3,241.15	124.66	.012	810.29	1.45
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	31	286	\$ 37,001.67	\$ 129.38	.128	\$ 1193.60	\$ 16.58
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	31	286	37,001.67	129.38	.128	1193.60	16.58
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	17	94	\$ 919.89	\$ 9.79	.042	\$ 54.11	\$.41
PATHOLOGY	15	86	864.69	10.05	.039	57.65	.39
XO AND OTHERS	2	8	55.20	6.90	.004	27.60	.02
@ORGANIZED OUTPATIENT CLINIC	817	1,482	\$ 103,350.49	\$ 69.74	.664	\$ 126.50	\$ 46.30
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	817	1,482	103,350.49	69.74	.664	126.50	46.30

#CALIF DEPT OF HEALTH SERV MOP024 LAKE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED
 AID CODE 68
 PAGE 5,188
 03/14/05

2,232 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	542	24,459	\$ 100,424.59	\$ 4.11	10.958	\$ 185.29	\$ 44.99
DURABLE MED. EQUIP.	28	58	13,933.25	240.23	.026	497.62	6.24
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	82	18,033	43,462.98	2.41	8.079	530.04	19.47
AMBULANCES/AIR TRANS	31	293	5,699.92	19.45	.131	183.87	2.55
OTHER TRANS	50	17,719	35,782.18	2.02	7.939	715.64	16.03
OTHER SERVICES	4	21	1,980.88	94.33	.009	495.22	.89
ACUPUNCTURE	25	62	1,070.50	17.27	.028	42.82	.48
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	34	122	13,994.62	114.71	.055	411.61	6.27
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	62	158	1,732.87	10.97	.071	27.95	.78
PHYSICAL THERAPIST	12	120	1,602.77	13.36	.054	133.56	.72
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	7.72	3.86	.001	7.72	.00
PROSTHETICS	1	2	7.72	3.86	.001	7.72	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	6	18	1,737.53	96.53	.008	289.59	.78
HOSPICE SERVICES	3	51	6,221.17	121.98	.023	2073.72	2.79
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	369	5,835	16,661.18	2.86	2.614	45.15	7.46
@CALIF. CHILDREN SERVICES*	1	5	\$ 398.77	\$ 79.75	.002	\$ 398.77	\$.18
@XOVER EXCLUDING STATE HOSP**	808	9,731	\$ 146,592.23	\$ 15.06	4.360	\$ 181.43	\$ 65.68

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
LAKE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

PAGE 5,189
03/14/05

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
5,225 ELIGIBLES							
@TOTAL, ALL PROVIDERS	4,673	196,451	\$ 3,186,392.95	\$ 16.22	37.598	\$ 681.87	\$ 609.84
@PHYSICIANS SERVICES	935	3,987	\$ 113,395.97	\$ 28.44	.763	\$ 121.28	\$ 21.70
OUTPATIENT VISITS	110	157	6,535.44	41.63	.030	59.41	1.25
OFFICE VISITS	70	100	2,958.28	29.58	.019	42.26	.57
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	43	54	3,513.48	65.06	.010	81.71	.67
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3	63.68	21.23	.001	21.23	.01
INPATIENT VISITS	14	47	1,680.59	35.76	.009	120.04	.32
HOSPITAL VISITS	14	47	1,680.59	35.76	.009	120.04	.32
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	5	7	247.47	35.35	.001	49.49	.05
EXAMINATIONS	5	7	247.47	35.35	.001	49.49	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	9	105	4,041.33	38.49	.020	449.04	.77
PRINCIPAL SURGEON	6	12	2,617.65	218.14	.002	436.28	.50
ASSISTANT SURGEON	1	1	223.38	223.38	.000	223.38	.04
ANESTHESIOLOGIST	4	92	1,200.30	13.05	.018	300.08	.23
OUTPATIENT SURGERY	31	90	8,309.96	92.33	.017	268.06	1.59
PRINCIPAL SURGEON	25	38	7,298.43	192.06	.007	291.94	1.40
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	8	52	1,011.53	19.45	.010	126.44	.19
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	27	62	1,202.34	19.39	.012	44.53	.23
RADIOLOGY	76	191	6,970.18	36.49	.037	91.71	1.33
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	12	369	31,934.00	86.54	.071	2661.17	6.11
OTHER SERVICES/ALL X-OVERS	790	2,959	52,474.66	17.73	.566	66.42	10.04
@PHARMACY	3,999	136,509	\$ 1,786,003.69	\$ 13.08	26.126	\$ 446.61	\$ 341.82
PRESCRIPTION DRUGS	3,891	21,683	1,694,078.47	78.13	4.150	435.38	324.23
SNF/ICF	57	286	13,889.93	48.57	.055	243.68	2.66
OUTPATIENTS	3,836	21,397	1,680,188.54	78.52	4.095	438.01	321.57
MEDICAL SUPPLIES	823	114,826	91,925.22	.80	21.976	111.70	17.59
@DENTIST	68	252	\$ 11,947.25	\$ 47.41	.048	\$ 175.69	\$ 2.29
VISITS - DIAGNOSTIC	50	146	2,185.00	14.97	.028	43.70	.42
ORAL SURGERY	12	66	3,562.25	53.97	.013	296.85	.68
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.02
PERIODONTICS	1	1	118.00	118.00	.000	118.00	.02
ENDODONTICS	6	6	1,536.00	256.00	.001	256.00	.29
RESTORATIVE DENTISTRY	7	12	986.00	82.17	.002	140.86	.19
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	10	20	3,460.00	173.00	.004	346.00	.66
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,190
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
5,225 ELIGIBLES							
@OPTOMETRIST	113	295	\$ 5,860.98	\$ 19.87	.056	\$ 51.87	\$ 1.12
DIAGNOSTIC AND ANC. PROCED	16	16	754.82	47.18	.003	47.18	.14
EYE APPLIANCES	101	262	4,747.86	18.12	.050	47.01	.91
OTHER OPTOMETRIC SERVICES	11	17	358.30	21.08	.003	32.57	.07
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	24	194	\$ 2,272.62	\$ 11.71	.037	\$ 94.69	\$.43
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	24	194	2,272.62	11.71	.037	94.69	.43
@HOME HEALTH AGENCY	16	100	\$ 7,067.89	\$ 70.68	.019	\$ 441.74	\$ 1.35
NURSE ANESTHESIST	3	49	184.45	3.76	.009	61.48	.04
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	1,013	6,793	\$ 508,804.01	\$ 74.90	1.300	\$ 502.27	\$ 97.38
HOSP INPATIENT TOTAL	139	108	394,297.99	3650.91	.021	2836.68	75.46
HSC HOSPITALS	1	34	29,105.44	856.04	.007	29105.44	5.57

NON-HSC HOSPITAL TOTAL	16	74	262,159.60	3542.70	.014	16384.98	50.17
ACCOMMODATIONS	15	74	81,319.48	1098.91	.014	5421.30	15.56
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	15	74	81,319.48	1098.91	.014	5421.30	15.56
ANCILLARIES	16	0	180,840.12	.00	.000	11302.51	34.61
INPATIENT CROSSOVERS	122	0	103,032.95	.00	.000	844.53	19.72
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	964	6,685	114,506.02	17.13	1.279	118.78	21.92
MEDICAL	44	86	3,206.57	37.29	.016	72.88	.61
SURGERY	12	13	726.38	55.88	.002	60.53	.14
PATHOLOGY	81	328	3,933.47	11.99	.063	48.56	.75
RADIOLOGY	55	95	8,447.56	88.92	.018	153.59	1.62
ROOM USE	66	92	4,371.78	47.52	.018	66.24	.84
CROSSOVERS/ALL OTH OUTPTNT	871	6,071	93,820.26	15.45	1.162	107.72	17.96
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,191
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

5,225 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,013	6,793	\$ 508,804.01	\$ 74.90	1.300	\$ 502.27	\$ 97.38
COMM HOSP INPATIENT TOTAL	139	108	394,297.99	3650.91	.021	2836.68	75.46
HSC HOSPITALS	1	34	29,105.44	856.04	.007	29105.44	5.57
NON-HSC HOSPITALS TOTAL	16	74	262,159.60	3542.70	.014	16384.98	50.17
ACCOMMODATIONS	15	74	81,319.48	1098.91	.014	5421.30	15.56
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	15	74	81,319.48	1098.91	.014	5421.30	15.56
ANCILLARIES	16	0	180,840.12	.00	.000	11302.51	34.61
INPATIENT CROSSOVERS	122	0	103,032.95	.00	.000	844.53	19.72
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	964	6,685	114,506.02	17.13	1.279	118.78	21.92
MEDICAL	44	86	3,206.57	37.29	.016	72.88	.61
SURGERY	12	13	726.38	55.88	.002	60.53	.14
PATHOLOGY	81	328	3,933.47	11.99	.063	48.56	.75
RADIOLOGY	55	95	8,447.56	88.92	.018	153.59	1.62
ROOM USE	66	92	4,371.78	47.52	.018	66.24	.84

CROSSOVERS/ALL OTH OUTPTNT	871	6,071		93,820.26	15.45	1.162	107.72	17.96
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	84	1,541	\$	206,003.78	133.68	.295	2452.43	39.43
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	2	62		7,769.84	125.32	.012	3884.92	1.49
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	82	1,479		198,233.94	134.03	.283	2417.49	37.94
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	80	365	\$	78,818.67	215.94	.070	985.23	15.08
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	80	365		78,818.67	215.94	.070	985.23	15.08
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	17	94	\$	919.89	9.79	.018	54.11	.18
PATHOLOGY	15	86		864.69	10.05	.016	57.65	.17
XO AND OTHERS	2	8		55.20	6.90	.002	27.60	.01
@ORGANIZED OUTPATIENT CLINIC	1,368	2,342	\$	160,759.00	68.64	.448	117.51	30.77
CLINIC	2	4		92.86	23.22	.001	46.43	.02
SURGICENTER	9	13		2,114.54	162.66	.002	234.95	.40
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,359	2,325		158,551.60	68.19	.445	116.67	30.34

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,192
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

	5,225 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,336	43,930	\$	304,354.75	\$ 6.93	8.408	\$ 227.81	\$ 58.25
DURABLE MED. EQUIP.	47	134		22,795.25	170.11	.026	485.01	4.36
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	175	26,992		70,160.52	2.60	5.166	400.92	13.43
AMBULANCES/AIR TRANS	46	379		7,306.05	19.28	.073	158.83	1.40
OTHER TRANS	113	26,443		60,091.94	2.27	5.061	531.79	11.50
OTHER SERVICES	24	170		2,762.53	16.25	.033	115.11	.53
ACUPUNCTURE	43	94		1,621.97	17.26	.018	37.72	.31
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	380	1,655		151,380.76	91.47	.317	398.37	28.97
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	117	300		3,304.02	11.01	.057	28.24	.63
PHYSICAL THERAPIST	12	120		1,602.77	13.36	.023	133.56	.31
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	6		65.19	10.87	.001	32.60	.01
PROSTHETICS	2	6		65.19	10.87	.001	32.60	.01
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	31	67		5,976.82	89.21	.013	192.80	1.14

HOSPICE SERVICES	4	80		9,516.15	118.95	.015	2379.04	1.82
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	754	14,482		37,931.30	2.62	2.772	50.31	7.26
@CALIF. CHILDREN SERVICES*	1	5	\$	398.77	\$ 79.75	.001	\$ 398.77	\$.08
@XOVER EXCLUDING STATE HOSP**	1,967	20,419	\$	390,463.01	\$ 19.12	3.908	\$ 198.51	\$ 74.73

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 5,193

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

LAKE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

10,596 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	9,249	300,112	\$ 5,279,814.98	\$ 17.59	28.323	\$ 570.85	\$ 498.28
@PHYSICIANS SERVICES	1,725	7,091	\$ 103,368.92	\$ 14.58	.669	\$ 59.92	\$ 9.76
OUTPATIENT VISITS	28	40	2,045.45	51.14	.004	73.05	.19
OFFICE VISITS	21	24	641.78	26.74	.002	30.56	.06
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	9	16	1,403.67	87.73	.002	155.96	.13
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	16	113	6,283.05	55.60	.011	392.69	.59
HOSPITAL VISITS	15	88	3,493.85	39.70	.008	232.92	.33
CRITICAL CARE	7	25	2,789.20	111.57	.002	398.46	.26
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	4	102.95	25.74	.000	34.32	.01
EXAMINATIONS	3	4	102.95	25.74	.000	34.32	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	16	1,581.53	98.85	.002	263.59	.15
PRINCIPAL SURGEON	5	7	1,500.16	214.31	.001	300.03	.14
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	9	81.37	9.04	.001	40.69	.01
OUTPATIENT SURGERY	5	15	431.37	28.76	.001	86.27	.04
PRINCIPAL SURGEON	4	5	312.00	62.40	.000	78.00	.03
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	10	119.37	11.94	.001	119.37	.01
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	9	11	162.49	14.77	.001	18.05	.02
RADIOLOGY	19	44	1,036.74	23.56	.004	54.57	.10
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1,683	6,848	91,725.34	13.39	.646	54.50	8.66
@PHARMACY	7,835	215,412	\$ 2,624,353.21	\$ 12.18	20.330	\$ 334.95	\$ 247.67
PRESCRIPTION DRUGS	7,653	36,788	2,489,291.91	67.67	3.472	325.27	234.93
SNF/ICF	184	1,162	59,440.44	51.15	.110	323.05	5.61
OUTPATIENTS	7,482	35,626	2,429,851.47	68.20	3.362	324.76	229.32
MEDICAL SUPPLIES	1,258	178,624	135,061.30	.76	16.858	107.36	12.75
@DENTIST	120	389	\$ 23,983.80	\$ 61.66	.037	\$ 199.87	\$ 2.26
VISITS - DIAGNOSTIC	80	221	3,059.55	13.84	.021	38.24	.29
ORAL SURGERY	17	84	4,300.25	51.19	.008	252.96	.41

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	2	2	200.00	100.00	.000	100.00	.02
PERIODONTICS	1	1	118.00	118.00	.000	118.00	.01
ENDODONTICS	3	3	920.00	306.67	.000	306.67	.09
RESTORATIVE DENTISTRY	13	20	1,266.00	63.30	.002	97.38	.12
PROSTHETICS	2	2	60.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	29	56	14,060.00	251.07	.005	484.83	1.33
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,194
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

	10,596 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	238		620	\$ 10,482.14	\$ 16.91	.059	\$ 44.04	\$.99
DIAGNOSTIC AND ANC. PROCED	5		5	229.24	45.85	.000	45.85	.02
EYE APPLIANCES	208		554	9,111.21	16.45	.052	43.80	.86
OTHER OPTOMETRIC SERVICES	33		61	1,141.69	18.72	.006	34.60	.11
@CHIROPRACTOR	8		9	\$ 139.33	\$ 15.48	.001	\$ 17.42	\$.01
VISITS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	8		9	139.33	15.48	.001	17.42	.01
@PODIATRIST	37		51	\$ 451.92	\$ 8.86	.005	\$ 12.21	\$.04
MEDICINE/INJECTIONS	0		0	.00	.00	.000	.00	.00
SURGERY/ANES.	0		0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0		0	.00	.00	.000	.00	.00
OTHER	37		51	451.92	8.86	.005	12.21	.04
@HOME HEALTH AGENCY	8		39	\$ 2,756.87	\$ 70.69	.004	\$ 344.61	\$.26
NURSE ANESTHESIST	1		18	53.71	2.98	.002	53.71	.01
NURSE MIDWIFE	0		0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0		0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0		0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	1,896		12,631	\$ 1,062,354.46	\$ 84.11	1.192	\$ 560.31	\$ 100.26
HOSP INPATIENT TOTAL	237		225	874,997.72	3888.88	.021	3691.97	82.58
HSC HOSPITALS	1		2	1,697.55	848.78	.000	1697.55	.16
NON-HSC HOSPITAL TOTAL	21		223	697,385.34	3127.29	.021	33208.83	65.82
ACCOMMODATIONS	21		223	216,130.98	969.20	.021	10291.95	20.40
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	21		223	216,130.98	969.20	.021	10291.95	20.40
ANCILLARIES	21		0	481,254.36	.00	.000	22916.87	45.42
INPATIENT CROSSOVERS	215		0	175,914.83	.00	.000	818.21	16.60
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,818		12,406	187,356.74	15.10	1.171	103.06	17.68
MEDICAL	9		23	1,605.12	69.79	.002	178.35	.15
SURGERY	1		1	23.73	23.73	.000	23.73	.00
PATHOLOGY	17		87	973.16	11.19	.008	57.24	.09
RADIOLOGY	15		18	1,676.32	93.13	.002	111.75	.16
ROOM USE	10		16	574.36	35.90	.002	57.44	.05
CROSSOVERS/ALL OTH OUTPTNT	1,804		12,261	182,504.05	14.88	1.157	101.17	17.22
@COUNTY HOSPITAL TOTAL	4		23	\$ 1,833.29	\$ 79.71	.002	\$ 458.32	\$.17
CO HOSPITAL INPATIENT TOTAL	2		0	1,729.28	.00	.000	864.64	.16
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	0	1,729.28	.00	.000	864.64	.16
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	23	104.01	4.52	.002	34.67	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	23	104.01	4.52	.002	34.67	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,195
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

					----- MONTHLY AVERAGE -----			
10,596 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	1,892	12,608	\$ 1,060,521.17	\$ 84.11	1.190	\$ 560.53	\$ 100.09	
COMM HOSP INPATIENT TOTAL	235	225	873,268.44	3881.19	.021	3716.04	82.41	
HSC HOSPITALS	1	2	1,697.55	848.78	.000	1697.55	.16	
NON-HSC HOSPITALS TOTAL	21	223	697,385.34	3127.29	.021	33208.83	65.82	
ACCOMMODATIONS	21	223	216,130.98	969.20	.021	10291.95	20.40	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	21	223	216,130.98	969.20	.021	10291.95	20.40	
ANCILLARIES	21	0	481,254.36	.00	.000	22916.87	45.42	
INPATIENT CROSSOVERS	213	0	174,185.55	.00	.000	817.77	16.44	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

COMM HOSP OUTPATIENT TOTAL	1,815	12,383		187,252.73	15.12	1.169	103.17	17.67
MEDICAL	9	23		1,605.12	69.79	.002	178.35	.15
SURGERY	1	1		23.73	23.73	.000	23.73	.00
PATHOLOGY	17	87		973.16	11.19	.008	57.24	.09
RADIOLOGY	15	18		1,676.32	93.13	.002	111.75	.16
ROOM USE	10	16		574.36	35.90	.002	57.44	.05
CROSSOVERS/ALL OTH OUTPTNT	1,801	12,238		182,400.04	14.90	1.155	101.28	17.21
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	219	4,451	\$	620,949.34	\$ 139.51	.420	\$ 2835.39	\$ 58.60
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	2	62		7,769.84	125.32	.006	3884.92	.73
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	217	4,389		613,179.50	139.71	.414	2825.71	57.87
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	73	115	\$	59,363.66	\$ 516.21	.011	\$ 813.20	\$ 5.60
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	73	115		59,363.66	516.21	.011	813.20	5.60
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	7	10	\$	79.56	\$ 7.96	.001	\$ 11.37	\$.01
PATHOLOGY	6	9		75.02	8.34	.001	12.50	.01
XO AND OTHERS	1	1		4.54	4.54	.000	4.54	.00
@ORGANIZED OUTPATIENT CLINIC	2,345	3,781	\$	217,914.77	\$ 57.63	.357	\$ 92.93	\$ 20.57
CLINIC	2	4		92.86	23.22	.000	46.43	.01
SURGICENTER	26	31		5,485.34	176.95	.003	210.97	.52
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2,326	3,746		212,336.57	56.68	.354	91.29	20.04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,196
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

	10,596 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,171	55,495	\$	553,563.29	\$ 9.98	5.237	\$ 254.98	\$ 52.24
DURABLE MED. EQUIP.	78	243		54,151.28	222.84	.023	694.25	5.11
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2		1,279.54	639.77	.000	639.77	.12
MEDICAL TRANSPORTATION	185	26,280		71,349.89	2.71	2.480	385.68	6.73
AMBULANCES/AIR TRANS	35	595		7,186.05	12.08	.056	205.32	.68
OTHER TRANS	123	25,348		58,853.93	2.32	2.392	478.49	5.55
OTHER SERVICES	46	337		5,309.91	15.76	.032	115.43	.50
ACUPUNCTURE	84	192		3,298.01	17.18	.018	39.26	.31
ADULT DAY HEALTH CARE CTR	6	132		8,674.18	65.71	.012	1445.70	.82
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	794	3,708		317,407.20	85.60	.350	399.76	29.96
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	247	613		7,003.74	11.43	.058	28.36	.66
PHYSICAL THERAPIST	1	61		164.40	2.70	.006	164.40	.02

PORTABLE X-RAY	1	2	1.40	.70	.000	1.40	.00
PROSTHETIST/ORTHOTISTS	2	6	67.86	11.31	.001	33.93	.01
PROSTHETICS	2	6	67.86	11.31	.001	33.93	.01
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	111	220	20,382.77	92.65	.021	183.63	1.92
HOSPICE SERVICES	9	185	18,266.98	98.74	.017	2029.66	1.72
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,036	23,851	51,516.04	2.16	2.251	49.73	4.86
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	3,822	38,581	\$ 682,475.83	\$ 17.69	3.641	\$ 178.57	\$ 64.41

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 5,197
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND	

912 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	818	42,712	\$ 530,875.11	\$ 12.43	46.833	\$ 648.99	\$ 582.10
@PHYSICIANS SERVICES	191	502	\$ 21,083.12	\$ 42.00	.550	\$ 110.38	\$ 23.12
OUTPATIENT VISITS	69	97	4,143.31	42.71	.106	60.05	4.54
OFFICE VISITS	47	67	2,070.17	30.90	.073	44.05	2.27
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	24	28	2,013.89	71.92	.031	83.91	2.21
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2	59.25	29.63	.002	29.63	.06
INPATIENT VISITS	9	54	2,470.70	45.75	.059	274.52	2.71
HOSPITAL VISITS	9	54	2,470.70	45.75	.059	274.52	2.71
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	16	21	777.14	37.01	.023	48.57	.85
EXAMINATIONS	16	21	777.14	37.01	.023	48.57	.85
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	12	1,544.92	128.74	.013	514.97	1.69
PRINCIPAL SURGEON	3	5	1,231.18	246.24	.005	410.39	1.35
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	7	313.74	44.82	.008	313.74	.34
OUTPATIENT SURGERY	14	37	5,020.52	135.69	.041	358.61	5.50
PRINCIPAL SURGEON	14	21	4,671.54	222.45	.023	333.68	5.12
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	16	348.98	21.81	.018	174.49	.38
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	11	17	392.46	23.09	.019	35.68	.43
RADIOLOGY	34	57	1,650.96	28.96	.063	48.56	1.81
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	102	207	5,083.11	24.56	.227	49.83	5.57
@PHARMACY	695	29,879	\$ 278,829.59	\$ 9.33	32.762	\$ 401.19	\$ 305.73
PRESCRIPTION DRUGS	672	3,249	250,807.74	77.20	3.563	373.23	275.01

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	672	3,249	250,807.74	77.20	3.563	373.23	275.01
MEDICAL SUPPLIES	205	26,630	28,021.85	1.05	29.200	136.69	30.73
@DENTIST	8	20	\$ 1,260.00	\$ 63.00	.022	\$ 157.50	\$ 1.38
VISITS - DIAGNOSTIC	7	18	360.00	20.00	.020	51.43	.39
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2	900.00	450.00	.002	900.00	.99
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,198
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

912 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	23	62	\$ 1,784.10	\$ 28.78	.068	\$ 77.57	\$ 1.96
DIAGNOSTIC AND ANC. PROCED	6	7	252.97	36.14	.008	42.16	.28
EYE APPLIANCES	15	43	1,217.61	28.32	.047	81.17	1.34
OTHER OPTOMETRIC SERVICES	6	12	313.52	26.13	.013	52.25	.34
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	.00	.00	.000	.00	.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	160	1,130	\$ 108,181.55	\$ 95.74	1.239	\$ 676.13	\$ 118.62
HOSP INPATIENT TOTAL	14	51	84,364.30	1654.20	.056	6026.02	92.50
HSC HOSPITALS	3	24	31,962.00	1331.75	.026	10654.00	35.05
NON-HSC HOSPITAL TOTAL	6	27	47,182.30	1747.49	.030	7863.72	51.73
ACCOMMODATIONS	6	27	16,341.96	605.26	.030	2723.66	17.92
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	27	16,341.96	605.26	.030	2723.66	17.92
ANCILLARIES	6	0	30,840.34	.00	.000	5140.06	33.82
INPATIENT CROSSOVERS	6	0	5,220.00	.00	.000	870.00	5.72
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	155	1,079	23,817.25	22.07	1.183	153.66	26.12
MEDICAL	19	29	3,174.88	109.48	.032	167.10	3.48
SURGERY	6	6	854.36	142.39	.007	142.39	.94
PATHOLOGY	46	206	2,685.18	13.03	.226	58.37	2.94

RADIOLOGY	28	37	3,272.22	88.44	.041	116.87	3.59
ROOM USE	34	44	2,186.08	49.68	.048	64.30	2.40
CROSSOVERS/ALL OTH OUTPTNT	100	757	11,644.53	15.38	.830	116.45	12.77
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,199
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

912 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	160	1,130	\$ 108,181.55	\$ 95.74	1.239	\$ 676.13	\$ 118.62
COMM HOSP INPATIENT TOTAL	14	51	84,364.30	1654.20	.056	6026.02	92.50
HSC HOSPITALS	3	24	31,962.00	1331.75	.026	10654.00	35.05
NON-HSC HOSPITALS TOTAL	6	27	47,182.30	1747.49	.030	7863.72	51.73
ACCOMMODATIONS	6	27	16,341.96	605.26	.030	2723.66	17.92
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	27	16,341.96	605.26	.030	2723.66	17.92
ANCILLARIES	6	0	30,840.34	.00	.000	5140.06	33.82
INPATIENT CROSSOVERS	6	0	5,220.00	.00	.000	870.00	5.72
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	155	1,079	23,817.25	22.07	1.183	153.66	26.12
MEDICAL	19	29	3,174.88	109.48	.032	167.10	3.48
SURGERY	6	6	854.36	142.39	.007	142.39	.94
PATHOLOGY	46	206	2,685.18	13.03	.226	58.37	2.94
RADIOLOGY	28	37	3,272.22	88.44	.041	116.87	3.59
ROOM USE	34	44	2,186.08	49.68	.048	64.30	2.40
CROSSOVERS/ALL OTH OUTPTNT	100	757	11,644.53	15.38	.830	116.45	12.77
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	0	\$ 434.10	\$.00	.000	\$ 434.10	\$.48
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	0	434.10	.00	.000	434.10	.48
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	16	22	\$ 9,498.32	\$ 431.74	.024	\$ 593.65	\$ 10.41
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	16	22	9,498.32	431.74	.024	593.65	10.41
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	9	\$ 86.77	\$ 9.64	.010	\$ 43.39	\$.10
PATHOLOGY	2	9	86.77	9.64	.010	43.39	.10
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	256	395	\$ 32,375.67	\$ 81.96	.433	\$ 126.47	\$ 35.50
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	2	3	804.69	268.23	.003	402.35	.88
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	254	392	31,570.98	80.54	.430	124.30	34.62

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,200
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

912 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	216	10,693	\$ 77,341.89	\$ 7.23	11.725	\$ 358.06	\$ 84.80
DURABLE MED. EQUIP.	13	44	14,644.22	332.82	.048	1126.48	16.06
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	35	8,569	22,020.56	2.57	9.396	629.16	24.15
AMBULANCES/AIR TRANS	20	316	4,221.31	13.36	.346	211.07	4.63
OTHER TRANS	15	8,250	15,952.43	1.93	9.046	1063.50	17.49
OTHER SERVICES	2	3	1,846.82	615.61	.003	923.41	2.03
ACUPUNCTURE	21	54	919.12	17.02	.059	43.77	1.01

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	57	287	21,535.57	75.04	.315	377.82	23.61
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	16	53	659.06	12.44	.058	41.19	.72
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	15	1,924.90	128.33	.016	481.23	2.11
PROSTHETICS	4	15	1,924.90	128.33	.016	481.23	2.11
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	8	18	545.83	30.32	.020	68.23	.60
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	33	1,467	11,716.57	7.99	1.609	355.05	12.85
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	64	186	3,376.06	18.15	.204	52.75	3.70
@CALIF. CHILDREN SERVICES*	23	74	\$ 24,740.86	\$ 334.34	.081	\$ 1075.69	\$ 27.13
@XOVER EXCLUDING STATE HOSP**	213	4,736	\$ 36,371.95	\$ 7.68	5.193	\$ 170.76	\$ 39.88

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,201
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

44,303 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	38,283	921,372	\$ 32,351,391.89	\$ 35.11	20.797	\$ 845.06	\$ 730.23
@PHYSICIANS SERVICES	10,284	36,007	\$ 1,399,014.78	\$ 38.85	.813	\$ 136.04	\$ 31.58
OUTPATIENT VISITS	4,496	6,603	309,203.84	46.83	.149	68.77	6.98
OFFICE VISITS	2,270	3,051	101,325.92	33.21	.069	44.64	2.29
HOME VISITS	4	6	385.90	64.32	.000	96.48	.01
EMERGENCY ROOM	2,353	3,099	198,884.68	64.18	.070	84.52	4.49
PREVENTIVE CARE	1	1	34.69	34.69	.000	34.69	.00
OB VISITS/COMPRE PERI	29	282	3,356.20	11.90	.006	115.73	.08
OTHER OUTPATIENT	140	164	5,216.45	31.81	.004	37.26	.12
INPATIENT VISITS	555	2,410	121,753.36	50.52	.054	219.38	2.75
HOSPITAL VISITS	458	2,059	91,696.92	44.53	.046	200.21	2.07
CRITICAL CARE	68	206	25,311.78	122.87	.005	372.23	.57
SNF/ICF/TRANS IP CARE	100	145	4,744.66	32.72	.003	47.45	.11
OPHTHALMOLOGICAL SERVICES	211	235	9,169.32	39.02	.005	43.46	.21
EXAMINATIONS	211	234	9,134.03	39.03	.005	43.29	.21
SERVICES AND MATERIALS	1	1	35.29	35.29	.000	35.29	.00
INPATIENT HOSPITAL SURGERY	350	2,541	176,434.40	69.44	.057	504.10	3.98
PRINCIPAL SURGEON	236	363	135,187.45	372.42	.008	572.83	3.05
ASSISTANT SURGEON	28	28	5,785.11	206.61	.001	206.61	.13
ANESTHESIOLOGIST	146	2,150	35,461.84	16.49	.049	242.89	.80
OUTPATIENT SURGERY	928	2,711	205,663.36	75.86	.061	221.62	4.64
PRINCIPAL SURGEON	784	1,103	174,678.93	158.37	.025	222.80	3.94
ASSISTANT SURGEON	4	4	499.56	124.89	.000	124.89	.01
ANESTHESIOLOGIST	189	1,604	30,484.87	19.01	.036	161.30	.69
DIALYSIS	40	241	20,770.70	86.19	.005	519.27	.47
PATHOLOGY	728	1,692	32,337.12	19.11	.038	44.42	.73

RADIOLOGY	3,189	6,109		194,501.57		31.84	.138	60.99	4.39
PSYCHIATRY	2	13		217.21		16.71	.000	108.61	.00
IMMUNIZATION AND INJECTION	142	2,137		77,325.64		36.18	.048	544.55	1.75
OTHER SERVICES/ALL X-OVERS	4,064	11,315		251,638.26		22.24	.255	61.92	5.68
@PHARMACY	31,151	580,163	\$	14,573,444.57	\$	25.12	13.095	\$ 467.83	\$ 328.95
PRESCRIPTION DRUGS	30,766	154,621		14,068,756.84		90.99	3.490	457.28	317.56
SNF/ICF	303	2,471		238,770.03		96.63	.056	788.02	5.39
OUTPATIENTS	30,490	152,150		13,829,986.81		90.90	3.434	453.59	312.17
MEDICAL SUPPLIES	3,339	425,542		504,687.73		1.19	9.605	151.15	11.39
@DENTIST	905	3,782	\$	187,489.67	\$	49.57	.085	\$ 207.17	\$ 4.23
VISITS - DIAGNOSTIC	582	1,975		28,376.33		14.37	.045	48.76	.64
ORAL SURGERY	183	801		41,108.50		51.32	.018	224.64	.93
DRUGS	7	7		75.00		10.71	.000	10.71	.00
ANESTHESIA	13	13		1,300.00		100.00	.000	100.00	.03
PERIODONTICS	13	18		1,381.12		76.73	.000	106.24	.03
ENDODONTICS	73	124		29,664.00		239.23	.003	406.36	.67
RESTORATIVE DENTISTRY	216	566		38,193.65		67.48	.013	176.82	.86
PROSTHETICS	2	2		60.00		30.00	.000	30.00	.00
DENTURES, STAYPLATES	102	256		46,527.00		181.75	.006	456.15	1.05
SPACE MAINTAINERS	1	1		111.00		111.00	.000	111.00	.00
MAXILLOFACIAL SERVICES	5	6		448.07		74.68	.000	89.61	.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	2	4		245.00		61.25	.000	122.50	.01
ALL OTHER SERVICES	10	9		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV									
MOPO24									
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

	44,303 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,407	3,985	\$	83,539.32	\$ 20.96	.090	\$ 59.37	\$ 1.89
DIAGNOSTIC AND ANC. PROCED	582	592		25,854.81	43.67	.013	44.42	.58
EYE APPLIANCES	1,219	3,242		54,256.27	16.74	.073	44.51	1.22
OTHER OPTOMETRIC SERVICES	95	151		3,428.24	22.70	.003	36.09	.08
@CHIROPRACTOR	157	244	\$	4,052.55	\$ 16.61	.006	\$ 25.81	\$.09
VISITS	139	224		3,736.92	16.68	.005	26.88	.08
OTHER SERVICES	18	20		315.63	15.78	.000	17.54	.01
@PODIATRIST	62	249	\$	3,367.69	\$ 13.52	.006	\$ 54.32	\$.08
MEDICINE/INJECTIONS	13	14		412.70	29.48	.000	31.75	.01
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	49	235		2,954.99	12.57	.005	60.31	.07
@HOME HEALTH AGENCY	399	5,498	\$	249,520.23	\$ 45.38	.124	\$ 625.36	\$ 5.63
NURSE ANESTHESIST	49	392	\$	5,558.53	\$ 14.18	.009	\$ 113.44	\$.13
NURSE MIDWIFE	3	12	\$	478.24	\$ 39.85	.000	\$ 159.41	\$.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	10,535	64,070	\$	9,744,537.13	\$ 152.09	1.446	\$ 924.97	\$ 219.95
HOSP INPATIENT TOTAL	872	2,987		8,346,567.68	2794.30	.067	9571.75	188.40
HSC HOSPITALS	73	518		779,694.93	1505.20	.012	10680.75	17.60
NON-HSC HOSPITAL TOTAL	516	2,469		7,284,629.89	2950.44	.056	14117.50	164.43
ACCOMMODATIONS	509	2,469		2,159,578.87	874.68	.056	4242.79	48.75
ADMINISTRATIVE DAYS	3	3		330.65	110.22	.000	110.22	.01
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	506	2,466		2,159,248.22	875.61	.056	4267.29	48.74
ANCILLARIES	515	0		5,125,051.02	.00	.000	9951.56	115.68

INPATIENT CROSSOVERS	295	0	282,242.86	.00	.000	956.76	6.37
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	10,164	61,083	1,397,969.45	22.89	1.379	137.54	31.55
MEDICAL	2,035	3,622	159,479.67	44.03	.082	78.37	3.60
SURGERY	425	494	31,026.72	62.81	.011	73.00	.70
PATHOLOGY	4,320	19,798	253,405.78	12.80	.447	58.66	5.72
RADIOLOGY	2,733	4,246	359,823.26	84.74	.096	131.66	8.12
ROOM USE	3,132	4,561	202,367.40	44.37	.103	64.61	4.57
CROSSOVERS/ALL OTH OUTPTNT	5,251	28,362	391,866.62	13.82	.640	74.63	8.85
@COUNTY HOSPITAL TOTAL	76	416	\$ 44,473.59	\$ 106.91	.009	\$ 585.18	\$ 1.00
CO HOSPITAL INPATIENT TOTAL	8	17	30,623.07	1801.36	.000	3827.88	.69
HSC HOSPITALS	5	15	16,425.00	1095.00	.000	3285.00	.37
NON-HSC HOSPITALS TOTAL	1	2	2,450.32	1225.16	.000	2450.32	.06
ACCOMMODATIONS	1	2	1,231.20	615.60	.000	1231.20	.03
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	1,231.20	615.60	.000	1231.20	.03
ANCILLARIES	1	0	1,219.12	.00	.000	1219.12	.03
INPATIENT CROSSOVERS	2	0	11,747.75	.00	.000	5873.88	.27
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	73	399	13,850.52	34.71	.009	189.73	.31
MEDICAL	42	62	1,756.47	28.33	.001	41.82	.04
SURGERY	12	20	2,503.65	125.18	.000	208.64	.06
PATHOLOGY	18	88	1,551.10	17.63	.002	86.17	.04
RADIOLOGY	14	34	2,605.91	76.64	.001	186.14	.06
ROOM USE	51	83	3,413.33	41.12	.002	66.93	.08
CROSSOVERS/ALL OTH OUTPTNT	33	112	2,020.06	18.04	.003	61.21	.05

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,203
MOP024 FEE-FOR-SERVICE/DENTAL
LAKE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED 03/14/05

					----- MONTHLY AVERAGE -----			
44,303 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	10,480	63,654	\$ 9,700,063.54	\$ 152.39	1.437	\$ 925.58	\$ 218.95	
COMM HOSP INPATIENT TOTAL	864	2,970	8,315,944.61	2799.98	.067	9624.94	187.71	
HSC HOSPITALS	68	503	763,269.93	1517.44	.011	11224.56	17.23	
NON-HSC HOSPITALS TOTAL	515	2,467	7,282,179.57	2951.84	.056	14140.15	164.37	
ACCOMMODATIONS	508	2,467	2,158,347.67	874.89	.056	4248.72	48.72	
ADMINISTRATIVE DAYS	3	3	330.65	110.22	.000	110.22	.01	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	505	2,464	2,158,017.02	875.82	.056	4273.30	48.71	
ANCILLARIES	514	0	5,123,831.90	.00	.000	9968.54	115.65	
INPATIENT CROSSOVERS	293	0	270,495.11	.00	.000	923.19	6.11	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	10,110	60,684	1,384,118.93	22.81	1.370	136.91	31.24	
MEDICAL	1,996	3,560	157,723.20	44.30	.080	79.02	3.56	
SURGERY	413	474	28,523.07	60.18	.011	69.06	.64	
PATHOLOGY	4,305	19,710	251,854.68	12.78	.445	58.50	5.68	
RADIOLOGY	2,721	4,212	357,217.35	84.81	.095	131.28	8.06	
ROOM USE	3,089	4,478	198,954.07	44.43	.101	64.41	4.49	
CROSSOVERS/ALL OTH OUTPTNT	5,221	28,250	389,846.56	13.80	.638	74.67	8.80	
@STATE HOSPITAL	0	0	.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	223	5,234	\$ 711,274.21	\$ 135.89	.118	\$ 3189.57	\$ 16.05	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	

LEV B-REHAB MD	1	13		1,885.78	145.06	.000	1885.78	.04
LEV B-SUBACUTE FREESTANDING	0	0		1,682.96	.00	.000	.00	.04
LEV B-SUBACUTE HSPTL BASED	0	0		12,790.85	.00	.000	.00	.29
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	222	5,221		694,914.62	133.10	.118	3130.25	15.69
@INTERMEDIATE CARE FACIL.-DD	4	94	\$	16,207.92	\$ 172.42	.002	\$ 4051.98	\$.37
ICF DDH	4	94		16,207.92	172.42	.002	4051.98	.37
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	207	7,637	\$	281,881.85	\$ 36.91	.172	\$ 1361.75	\$ 6.36
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	207	7,637		281,881.85	36.91	.172	1361.75	6.36
@REHABILITATION FACILITY	12	126	\$	2,281.64	\$ 18.11	.003	\$ 190.14	\$.05
HOSPITAL BASED	6	55		1,428.43	25.97	.001	238.07	.03
INDEPENDENT FACILITY	6	71		853.21	12.02	.002	142.20	.02
@LABORATORY FACILITY	775	3,138	\$	43,549.32	\$ 13.88	.071	\$ 56.19	\$.98
PATHOLOGY	759	3,081		43,015.95	13.96	.070	56.67	.97
XO AND OTHERS	16	57		533.37	9.36	.001	33.34	.01
@ORGANIZED OUTPATIENT CLINIC	17,041	34,103	\$	3,583,622.30	\$ 105.08	.770	\$ 210.29	\$ 80.89
CLINIC	51	141		5,044.75	35.78	.003	98.92	.11
SURGICENTER	51	157		10,639.11	67.77	.004	208.61	.24
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	16,975	33,805		3,567,938.44	105.54	.763	210.19	80.53

#CALIF DEPT OF HEALTH SERV MOP024 LAKE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

PAGE 5,204 03/14/05

44,303 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	6,183	176,638	\$ 1,461,571.94	\$ 8.27	3.987	\$ 236.39	\$ 32.99
DURABLE MED. EQUIP.	761	2,499	432,499.05	173.07	.056	568.33	9.76
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	10	12	7,576.51	631.38	.000	757.65	.17
MEDICAL TRANSPORTATION	1,336	122,958	462,226.86	3.76	2.775	345.98	10.43
AMBULANCES/AIR TRANS	1,010	15,002	184,318.85	12.29	.339	182.49	4.16
OTHER TRANS	290	107,124	218,629.92	2.04	2.418	753.90	4.93
OTHER SERVICES	102	832	59,278.09	71.25	.019	581.16	1.34
ACUPUNCTURE	427	1,070	18,185.08	17.00	.024	42.59	.41
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	7	7	735.00	105.00	.000	105.00	.02
IHMC,MODEL-NF,NF,AIDS,MSSP	401	2,060	220,551.53	107.06	.046	550.00	4.98
OCCUPATIONAL THERAPIST	8	58	782.75	13.50	.001	97.84	.02
OPTICIAN	1,234	3,158	32,564.32	10.31	.071	26.39	.74
PHYSICAL THERAPIST	157	1,321	19,571.73	14.82	.030	124.66	.44
PORTABLE X-RAY	2	3	76.66	25.55	.000	38.33	.00
PROSTHETIST/ORTHOTISTS	93	353	40,337.02	114.27	.008	433.73	.91
PROSTHETICS	93	353	40,337.02	114.27	.008	433.73	.91
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	3	23.62	7.87	.000	23.62	.00
SPEECH AND AUDIOLOGY	141	400	29,465.24	73.66	.009	208.97	.67
HOSPICE SERVICES	24	437	52,601.61	120.37	.010	2191.73	1.19
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	488	7,077	73,320.80	10.36	.160	150.25	1.65
EPSDT SUPPLEMENTAL SERVICE	1	4	250.00	62.50	.000	250.00	.01
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	1,630	35,218		70,804.16		2.01	.795	43.44	1.60
@CALIF. CHILDREN SERVICES*	321	12,776	\$	375,130.50	\$	29.36	.288	\$ 1168.63	\$ 8.47
@XOVER EXCLUDING STATE HOSP**	6,166	78,712	\$	1,066,355.47	\$	13.55	1.777	\$ 172.94	\$ 24.07

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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MOP024 FEE-FOR-SERVICE/DENTAL

03/14/05

LAKE COUNTY

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

						----- MONTHLY AVERAGE -----		
42,879 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	23,844	107,637	\$ 8,482,297.80	\$ 78.80	2.510	\$ 355.74	\$ 197.82	
@PHYSICIANS SERVICES	5,339	13,493	\$ 555,666.15	\$ 41.18	.315	\$ 104.08	\$ 12.96	
OUTPATIENT VISITS	3,431	5,242	205,026.83	39.11	.122	59.76	4.78	
OFFICE VISITS	861	996	36,389.14	36.54	.023	42.26	.85	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	2,445	2,694	147,753.17	54.85	.063	60.43	3.45	
PREVENTIVE CARE	5	5	183.55	36.71	.000	36.71	.00	
OB VISITS/COMPRE PERI	175	1,494	18,986.09	12.71	.035	108.49	.44	
OTHER OUTPATIENT	50	53	1,714.88	32.36	.001	34.30	.04	
INPATIENT VISITS	195	857	69,704.57	81.34	.020	357.46	1.63	
HOSPITAL VISITS	182	622	30,959.83	49.77	.015	170.11	.72	
CRITICAL CARE	33	235	38,744.74	164.87	.005	1174.08	.90	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	78	93	3,888.66	41.81	.002	49.85	.09	
EXAMINATIONS	78	93	3,888.66	41.81	.002	49.85	.09	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	211	1,213	88,812.96	73.22	.028	420.91	2.07	
PRINCIPAL SURGEON	139	157	69,854.55	444.93	.004	502.55	1.63	
ASSISTANT SURGEON	8	8	2,083.33	260.42	.000	260.42	.05	
ANESTHESIOLOGIST	81	1,048	16,875.08	16.10	.024	208.33	.39	

OUTPATIENT SURGERY	537	1,638	78,507.71	47.93	.038	146.20	1.83
PRINCIPAL SURGEON	446	549	59,409.57	108.21	.013	133.21	1.39
ASSISTANT SURGEON	1	1	112.81	112.81	.000	112.81	.00
ANESTHESIOLOGIST	118	1,088	18,985.33	17.45	.025	160.89	.44
DIALYSIS	2	5	283.00	56.60	.000	141.50	.01
PATHOLOGY	402	620	13,967.44	22.53	.014	34.74	.33
RADIOLOGY	1,733	2,470	62,080.31	25.13	.058	35.82	1.45
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	48	211	4,406.53	20.88	.005	91.80	.10
OTHER SERVICES/ALL X-OVERS	544	1,144	28,988.14	25.34	.027	53.29	.68
@PHARMACY	10,835	32,054	\$ 1,214,746.55	\$ 37.90	.748	\$ 112.11	\$ 28.33
PRESCRIPTION DRUGS	10,770	24,937	1,194,909.61	47.92	.582	110.95	27.87
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	10,770	24,937	1,194,909.61	47.92	.582	110.95	27.87
MEDICAL SUPPLIES	222	7,117	19,836.94	2.79	.166	89.36	.46
@DENTIST	1,058	5,119	\$ 188,294.90	\$ 36.78	.119	\$ 177.97	\$ 4.39
VISITS - DIAGNOSTIC	741	2,992	46,883.95	15.67	.070	63.27	1.09
ORAL SURGERY	161	516	31,890.80	61.80	.012	198.08	.74
DRUGS	33	42	975.00	23.21	.001	29.55	.02
ANESTHESIA	33	33	3,200.00	96.97	.001	96.97	.07
PERIODONTICS	5	5	338.00	67.60	.000	67.60	.01
ENDODONTICS	120	230	31,649.00	137.60	.005	263.74	.74
RESTORATIVE DENTISTRY	374	1,170	64,362.40	55.01	.027	172.09	1.50
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	10	35	3,070.75	87.74	.001	307.08	.07
SPACE MAINTAINERS	12	17	1,920.00	112.94	.000	160.00	.04
MAXILLOFACIAL SERVICES	2	2	150.00	75.00	.000	75.00	.00
FRACTURES, DISLOCATIONS	0	1	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	34	43	3,780.00	87.91	.001	111.18	.09
ALL OTHER SERVICES	26	33	75.00	2.27	.001	2.88	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 5,206
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES						

		----- MONTHLY AVERAGE -----						
42,879 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	676	1,899	\$ 43,166.55	\$ 22.73	.044	\$ 63.86	\$ 1.01	
DIAGNOSTIC AND ANC. PROCED	497	506	22,452.42	44.37	.012	45.18	.52	
EYE APPLIANCES	507	1,385	20,489.23	14.79	.032	40.41	.48	
OTHER OPTOMETRIC SERVICES	7	8	224.90	28.11	.000	32.13	.01	
@CHIROPRACTOR	123	176	\$ 2,942.72	\$ 16.72	.004	\$ 23.92	\$.07	
VISITS	123	176	2,942.72	16.72	.004	23.92	.07	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	84	552	\$ 24,085.19	\$ 43.63	.013	\$ 286.73	\$.56	
NURSE ANESTHESIST	47	360	\$ 6,577.61	\$ 18.27	.008	\$ 139.95	\$.15	
NURSE MIDWIFE	1	7	217.84	\$ 31.12	.000	\$ 217.84	\$.01	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	4	4	\$ 153.50	\$ 38.38	.000	\$ 38.38	\$.00	
@TOTAL HOSPITAL	5,669	21,200	\$ 3,451,638.32	\$ 162.81	.494	\$ 608.86	\$ 80.50	
HOSP INPATIENT TOTAL	299	1,405	2,908,091.07	2069.82	.033	9726.06	67.82	
HSC HOSPITALS	42	311	521,391.01	1676.50	.007	12414.07	12.16	

NON-HSC HOSPITAL TOTAL	258	1,094	2,385,824.06	2180.83	.026	9247.38	55.64
ACCOMMODATIONS	258	1,094	855,870.86	782.33	.026	3317.33	19.96
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	258	1,094	855,870.86	782.33	.026	3317.33	19.96
ANCILLARIES	258	0	1,529,953.20	.00	.000	5930.05	35.68
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	.02
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5,511	19,795	543,547.25	27.46	.462	98.63	12.68
MEDICAL	943	1,456	72,927.83	50.09	.034	77.34	1.70
SURGERY	246	290	16,034.81	55.29	.007	65.18	.37
PATHOLOGY	2,383	8,719	112,704.74	12.93	.203	47.30	2.63
RADIOLOGY	1,644	2,142	139,899.50	65.31	.050	85.10	3.26
ROOM USE	3,158	3,759	152,710.22	40.63	.088	48.36	3.56
CROSSOVERS/ALL OTH OUTPTNT	1,766	3,429	49,270.15	14.37	.080	27.90	1.15
@COUNTY HOSPITAL TOTAL	18	127	\$ 7,972.62	\$ 62.78	.003	\$ 442.92	\$.19
CO HOSPITAL INPATIENT TOTAL	1	4	4,640.00	1160.00	.000	4640.00	.11
HSC HOSPITALS	1	4	4,640.00	1160.00	.000	4640.00	.11
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	17	123	3,332.62	27.09	.003	196.04	.08
MEDICAL	4	5	112.94	22.59	.000	28.24	.00
SURGERY	5	10	745.25	74.53	.000	149.05	.02
PATHOLOGY	7	33	615.09	18.64	.001	87.87	.01
RADIOLOGY	1	1	15.54	15.54	.000	15.54	.00
ROOM USE	16	27	1,413.39	52.35	.001	88.34	.03
CROSSOVERS/ALL OTH OUTPTNT	10	47	430.41	9.16	.001	43.04	.01

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

					----- MONTHLY AVERAGE -----		
42,879 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5,653	21,073	\$ 3,443,665.70	\$ 163.42	.491	\$ 609.17	\$ 80.31
COMM HOSP INPATIENT TOTAL	298	1,401	2,903,451.07	2072.41	.033	9743.12	67.71
HSC HOSPITALS	41	307	516,751.01	1683.23	.007	12603.68	12.05
NON-HSC HOSPITALS TOTAL	258	1,094	2,385,824.06	2180.83	.026	9247.38	55.64
ACCOMMODATIONS	258	1,094	855,870.86	782.33	.026	3317.33	19.96
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	258	1,094	855,870.86	782.33	.026	3317.33	19.96
ANCILLARIES	258	0	1,529,953.20	.00	.000	5930.05	35.68
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	.02
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5,496	19,672	540,214.63	27.46	.459	98.29	12.60
MEDICAL	939	1,451	72,814.89	50.18	.034	77.55	1.70
SURGERY	241	280	15,289.56	54.61	.007	63.44	.36
PATHOLOGY	2,376	8,686	112,089.65	12.90	.203	47.18	2.61
RADIOLOGY	1,643	2,141	139,883.96	65.34	.050	85.14	3.26
ROOM USE	3,142	3,732	151,296.83	40.54	.087	48.15	3.53

CROSSOVERS/ALL OTH OUTPTNT	1,756	3,382		48,839.74	14.44	.079	27.81	1.14
@STATE HOSPITAL	0	0	\$	.00	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	1	21	\$	2,926.14	\$ 139.34	.000	\$ 2926.14	\$.07
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	1	21		2,926.14	139.34	.000	2926.14	.07
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	2	11	\$	409.00	\$ 37.18	.000	\$ 204.50	\$.01
HOSPITAL BASED	2	11		409.00	37.18	.000	204.50	.01
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	406	1,207	\$	18,793.67	\$ 15.57	.028	\$ 46.29	\$.44
PATHOLOGY	406	1,207		18,793.67	15.57	.028	46.29	.44
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	12,896	20,472	\$	2,747,885.89	\$ 134.23	.477	\$ 213.08	\$ 64.08
CLINIC	122	487		18,593.15	38.18	.011	152.40	.43
SURGICENTER	32	221		7,596.44	34.37	.005	237.39	.18
HEROIN DETOX CLINIC	1	18		213.11	11.84	.000	213.11	.00
RURAL HEALTH CLINIC	12,776	19,746		2,721,483.19	137.82	.461	213.02	63.47

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,208
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

						----- MONTHLY AVERAGE -----		
42,879 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	2,370	11,062	\$ 224,793.77	\$ 20.32	.258	\$ 94.85	\$ 5.24	
DURABLE MED. EQUIP.	119	197	14,077.03	71.46	.005	118.29	.33	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	433	5,175	128,310.77	24.79	.121	296.33	2.99	
AMBULANCES/AIR TRANS	430	5,113	81,148.28	15.87	.119	188.72	1.89	
OTHER TRANS	3	34	127.61	3.75	.001	42.54	.00	
OTHER SERVICES	28	28	47,034.88	1679.82	.001	1679.82	1.10	
ACUPUNCTURE	46	116	1,985.00	17.11	.003	43.15	.05	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	27	27	2,835.00	105.00	.001	105.00	.07	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	493	1,137	9,903.76	8.71	.027	20.09	.23	
PHYSICAL THERAPIST	57	423	6,504.94	15.38	.010	114.12	.15	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	27	49	5,726.46	116.87	.001	212.09	.13	
PROSTHETICS	27	49	5,726.46	116.87	.001	212.09	.13	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	4	24	1,329.60	55.40	.001	332.40	.03	
SPEECH AND AUDIOLOGY	37	182	6,387.47	35.10	.004	172.63	.15	

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,114	3,671	47,131.46	12.84	.086	42.31	1.10
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	55	61	602.28	9.87	.001	10.95	.01
@CALIF. CHILDREN SERVICES*	150	4,384	\$ 773,189.74	\$ 176.37	.102	\$ 5154.60	\$ 18.03
@XOVER EXCLUDING STATE HOSP**	4	21	\$ 1,039.57	\$ 49.50	.000	\$ 259.89	\$.02

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 5,209

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

LAKE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

98,690 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	72,194	1,371,833	\$ 46,644,379.78	\$ 34.00	13.900	\$ 646.10	\$ 472.64
@PHYSICIANS SERVICES	17,539	57,093	\$ 2,079,132.97	\$ 36.42	.579	\$ 118.54	\$ 21.07
OUTPATIENT VISITS	8,024	11,982	520,419.43	43.43	.121	64.86	5.27
OFFICE VISITS	3,199	4,138	140,427.01	33.94	.042	43.90	1.42
HOME VISITS	4	6	385.90	64.32	.000	96.48	.00
EMERGENCY ROOM	4,831	5,837	350,055.41	59.97	.059	72.46	3.55
PREVENTIVE CARE	6	6	218.24	36.37	.000	36.37	.00
OB VISITS/COMPRE PERI	204	1,776	22,342.29	12.58	.018	109.52	.23
OTHER OUTPATIENT	192	219	6,990.58	31.92	.002	36.41	.07
INPATIENT VISITS	775	3,434	200,211.68	58.30	.035	258.34	2.03
HOSPITAL VISITS	664	2,823	128,621.30	45.56	.029	193.71	1.30
CRITICAL CARE	108	466	66,845.72	143.45	.005	618.94	.68
SNF/ICF/TRANS IP CARE	100	145	4,744.66	32.72	.001	47.45	.05
OPHTHALMOLOGICAL SERVICES	308	353	13,938.07	39.48	.004	45.25	.14
EXAMINATIONS	308	352	13,902.78	39.50	.004	45.14	.14
SERVICES AND MATERIALS	1	1	35.29	35.29	.000	35.29	.00
INPATIENT HOSPITAL SURGERY	570	3,782	268,373.81	70.96	.038	470.83	2.72
PRINCIPAL SURGEON	383	532	207,773.34	390.55	.005	542.49	2.11
ASSISTANT SURGEON	36	36	7,868.44	218.57	.000	218.57	.08
ANESTHESIOLOGIST	230	3,214	52,732.03	16.41	.033	229.27	.53
OUTPATIENT SURGERY	1,484	4,401	289,622.96	65.81	.045	195.16	2.93
PRINCIPAL SURGEON	1,248	1,678	239,072.04	142.47	.017	191.56	2.42
ASSISTANT SURGEON	5	5	612.37	122.47	.000	122.47	.01
ANESTHESIOLOGIST	310	2,718	49,938.55	18.37	.028	161.09	.51
DIALYSIS	42	246	21,053.70	85.58	.002	501.28	.21
PATHOLOGY	1,150	2,340	46,859.51	20.03	.024	40.75	.47
RADIOLOGY	4,975	8,680	259,269.58	29.87	.088	52.11	2.63
PSYCHIATRY	2	13	217.21	16.71	.000	108.61	.00
IMMUNIZATION AND INJECTION	190	2,348	81,732.17	34.81	.024	430.17	.83
OTHER SERVICES/ALL X-OVERS	6,393	19,514	377,434.85	19.34	.198	59.04	3.82
@PHARMACY	50,516	857,508	\$ 18,691,373.92	\$ 21.80	8.689	\$ 370.01	\$ 189.39
PRESCRIPTION DRUGS	49,861	219,595	18,003,766.10	81.99	2.225	361.08	182.43
SNF/ICF	487	3,633	298,210.47	82.08	.037	612.34	3.02
OUTPATIENTS	49,414	215,962	17,705,555.63	81.98	2.188	358.31	179.41
MEDICAL SUPPLIES	5,024	637,913	687,607.82	1.08	6.464	136.86	6.97
@DENTIST	2,091	9,310	\$ 401,028.37	\$ 43.08	.094	\$ 191.79	\$ 4.06
VISITS - DIAGNOSTIC	1,410	5,206	78,679.83	15.11	.053	55.80	.80
ORAL SURGERY	361	1,401	77,299.55	55.17	.014	214.13	.78

DRUGS	40	49	1,050.00	21.43	.000	26.25	.01
ANESTHESIA	48	48	4,700.00	97.92	.000	97.92	.05
PERIODONTICS	19	24	1,837.12	76.55	.000	96.69	.02
ENDODONTICS	196	357	62,233.00	174.32	.004	317.52	.63
RESTORATIVE DENTISTRY	603	1,756	103,822.05	59.12	.018	172.18	1.05
PROSTHETICS	4	4	120.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	142	349	64,557.75	184.98	.004	454.63	.65
SPACE MAINTAINERS	13	18	2,031.00	112.83	.000	156.23	.02
MAXILLOFACIAL SERVICES	7	8	598.07	74.76	.000	85.44	.01
FRACTURES, DISLOCATIONS	0	1	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	36	47	4,025.00	85.64	.000	111.81	.04
ALL OTHER SERVICES	37	42	75.00	1.79	.000	2.03	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 5,210
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL						

98,690 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2,344	6,566	\$ 138,972.11	\$ 21.17	.067	\$ 59.29	\$ 1.41
DIAGNOSTIC AND ANC. PROCED	1,090	1,110	48,789.44	43.95	.011	44.76	.49
EYE APPLIANCES	1,949	5,224	85,074.32	16.29	.053	43.65	.86
OTHER OPTOMETRIC SERVICES	141	232	5,108.35	22.02	.002	36.23	.05
@CHIROPRACTOR	288	429	\$ 7,134.60	\$ 16.63	.004	\$ 24.77	\$.07
VISITS	262	400	6,679.64	16.70	.004	25.49	.07
OTHER SERVICES	26	29	454.96	15.69	.000	17.50	.00
@PODIATRIST	99	300	\$ 3,819.61	\$ 12.73	.003	\$ 38.58	\$.04
MEDICINE/INJECTIONS	13	14	412.70	29.48	.000	31.75	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	86	286	3,406.91	11.91	.003	39.62	.03
@HOME HEALTH AGENCY	491	6,089	\$ 276,362.29	\$ 45.39	.062	\$ 562.86	\$ 2.80
NURSE ANESTHESIST	97	770	\$ 12,189.85	\$ 15.83	.008	\$ 125.67	\$.12

NURSE MIDWIFE	4	19	\$	696.08	\$	36.64	.000	\$	174.02	\$	.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	4	4	\$	153.50	\$	38.38	.000	\$	38.38	\$	.00
@TOTAL HOSPITAL	18,260	99,031	\$	14,366,711.46	\$	145.07	1.003	\$	786.79	\$	145.57
HOSP INPATIENT TOTAL	1,422	4,668		12,214,020.77		2616.54	.047		8589.33		123.76
HSC HOSPITALS	119	855		1,334,745.49		1561.11	.009		11216.35		13.52
NON-HSC HOSPITAL TOTAL	801	3,813		10,415,021.59		2731.45	.039		13002.52		105.53
ACCOMMODATIONS	794	3,813		3,247,922.67		851.80	.039		4090.58		32.91
ADMINISTRATIVE DAYS	3	3		330.65		110.22	.000		110.22		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	791	3,810		3,247,592.02		852.39	.039		4105.68		32.91
ANCILLARIES	800	0		7,167,098.92		.00	.000		8958.87		72.62
INPATIENT CROSSOVERS	517	0		464,253.69		.00	.000		897.98		4.70
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	17,648	94,363		2,152,690.69		22.81	.956		121.98		21.81
MEDICAL	3,006	5,130		237,187.50		46.24	.052		78.90		2.40
SURGERY	678	791		47,939.62		60.61	.008		70.71		.49
PATHOLOGY	6,766	28,810		369,768.86		12.83	.292		54.65		3.75
RADIOLOGY	4,420	6,443		504,671.30		78.33	.065		114.18		5.11
ROOM USE	6,334	8,380		357,838.06		42.70	.085		56.49		3.63
CROSSOVERS/ALL OTH OUTPTNT	8,921	44,809		635,285.35		14.18	.454		71.21		6.44
@COUNTY HOSPITAL TOTAL	98	566	\$	54,279.50	\$	95.90	.006	\$	553.87	\$	.55
CO HOSPITAL INPATIENT TOTAL	11	21		36,992.35		1761.54	.000		3362.94		.37
HSC HOSPITALS	6	19		21,065.00		1108.68	.000		3510.83		.21
NON-HSC HOSPITALS TOTAL	1	2		2,450.32		1225.16	.000		2450.32		.02
ACCOMMODATIONS	1	2		1,231.20		615.60	.000		1231.20		.01
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	2		1,231.20		615.60	.000		1231.20		.01
ANCILLARIES	1	0		1,219.12		.00	.000		1219.12		.01
INPATIENT CROSSOVERS	4	0		13,477.03		.00	.000		3369.26		.14
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	93	545		17,287.15		31.72	.006		185.88		.18
MEDICAL	46	67		1,869.41		27.90	.001		40.64		.02
SURGERY	17	30		3,248.90		108.30	.000		191.11		.03
PATHOLOGY	25	121		2,166.19		17.90	.001		86.65		.02
RADIOLOGY	15	35		2,621.45		74.90	.000		174.76		.03
ROOM USE	67	110		4,826.72		43.88	.001		72.04		.05
CROSSOVERS/ALL OTH OUTPTNT	46	182		2,554.48		14.04	.002		55.53		.03

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,211
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

	98,690 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	18,185	98,465	\$	14,312,431.96	\$ 145.36	.998	\$ 787.05	\$ 145.02
COMM HOSP INPATIENT TOTAL	1,411	4,647		12,177,028.42	2620.41	.047	8630.07	123.39
HSC HOSPITALS	113	836		1,313,680.49	1571.39	.008	11625.49	13.31
NON-HSC HOSPITALS TOTAL	800	3,811		10,412,571.27	2732.24	.039	13015.71	105.51
ACCOMMODATIONS	793	3,811		3,246,691.47	851.93	.039	4094.19	32.90
ADMINISTRATIVE DAYS	3	3		330.65	110.22	.000	110.22	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	790	3,808		3,246,360.82	852.51	.039	4109.32	32.89
ANCILLARIES	799	0		7,165,879.80	.00	.000	8968.56	72.61
INPATIENT CROSSOVERS	513	0		450,776.66	.00	.000	878.71	4.57
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

98,690 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
ALL OTHER PROVIDERS	10,940	253,888	\$ 2,317,270.89	\$ 9.13	2.573	\$ 211.82	\$ 23.48
DURABLE MED. EQUIP.	971	2,983	515,371.58	172.77	.030	530.76	5.22
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	12	14	8,856.05	632.58	.000	738.00	.09
MEDICAL TRANSPORTATION	1,989	162,982	683,908.08	4.20	1.651	343.85	6.93
AMBULANCES/AIR TRANS	1,495	21,026	276,874.49	13.17	.213	185.20	2.81
OTHER TRANS	431	140,756	293,563.89	2.09	1.426	681.12	2.97
OTHER SERVICES	178	1,200	113,469.70	94.56	.012	637.47	1.15
ACUPUNCTURE	578	1,432	24,387.21	17.03	.015	42.19	.25
ADULT DAY HEALTH CARE CTR	6	132	8,674.18	65.71	.001	1445.70	.09
GENETIC DISEASE TESTING	34	34	3,570.00	105.00	.000	105.00	.04
IHMC,MODEL-NF,NF,AIDS,MSSP	1,252	6,055	559,494.30	92.40	.061	446.88	5.67
OCCUPATIONAL THERAPIST	8	58	782.75	13.50	.001	97.84	.01
OPTICIAN	1,990	4,961	50,130.88	10.10	.050	25.19	.51
PHYSICAL THERAPIST	215	1,805	26,241.07	14.54	.018	122.05	.27

PORTABLE X-RAY	3	5	78.06	15.61	.000	26.02	.00
PROSTHETIST/ORTHOTISTS	126	423	48,056.24	113.61	.004	381.40	.49
PROSTHETICS	126	423	48,056.24	113.61	.004	381.40	.49
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	5	27	1,353.22	50.12	.000	270.64	.01
SPEECH AND AUDIOLOGY	297	820	56,781.31	69.25	.008	191.18	.58
HOSPICE SERVICES	33	622	70,868.59	113.94	.006	2147.53	.72
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,635	12,215	132,168.83	10.82	.124	80.84	1.34
EPSDT SUPPLEMENTAL SERVICE	1	4	250.00	62.50	.000	250.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2,785	59,316	126,298.54	2.13	.601	45.35	1.28
@CALIF. CHILDREN SERVICES*	494	17,234	\$ 1,173,061.10	\$ 68.07	.175	\$ 2374.62	\$ 11.89
@XOVER EXCLUDING STATE HOSP**	10,205	122,050	\$ 1,786,242.82	\$ 14.64	1.237	\$ 175.04	\$ 18.10

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 5,213
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - AGED	AID CODE 14 1H 1U 1X

4,000 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,491	40,048	\$ 1,532,010.51	\$ 38.25	10.012	\$ 438.85	\$ 383.00
@PHYSICIANS SERVICES	640	2,366	\$ 48,576.71	\$ 20.53	.592	\$ 75.90	\$ 12.14
OUTPATIENT VISITS	52	84	4,051.10	48.23	.021	77.91	1.01
OFFICE VISITS	30	48	1,429.30	29.78	.012	47.64	.36
HOME VISITS	1	1	34.30	34.30	.000	34.30	.01
EMERGENCY ROOM	23	35	2,587.50	73.93	.009	112.50	.65
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	17	48	2,061.76	42.95	.012	121.28	.52
HOSPITAL VISITS	13	39	1,827.43	46.86	.010	140.57	.46
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	5	9	234.33	26.04	.002	46.87	.06
OPHTHALMOLOGICAL SERVICES	14	15	548.36	36.56	.004	39.17	.14
EXAMINATIONS	14	15	548.36	36.56	.004	39.17	.14
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	42	3,693.83	87.95	.011	615.64	.92
PRINCIPAL SURGEON	4	11	3,118.60	283.51	.003	779.65	.78
ASSISTANT SURGEON	1	1	71.85	71.85	.000	71.85	.02
ANESTHESIOLOGIST	2	30	503.38	16.78	.008	251.69	.13
OUTPATIENT SURGERY	15	46	3,521.03	76.54	.012	234.74	.88
PRINCIPAL SURGEON	14	26	3,184.37	122.48	.007	227.46	.80
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	20	336.66	16.83	.005	168.33	.08
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	6	7	202.92	28.99	.002	33.82	.05
RADIOLOGY	41	93	2,781.32	29.91	.023	67.84	.70
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	2	43.76	21.88	.001	21.88	.01
OTHER SERVICES/ALL X-OVERS	561	2,029	31,672.63	15.61	.507	56.46	7.92
@PHARMACY	2,740	18,084	\$ 718,735.90	\$ 39.74	4.521	\$ 262.31	\$ 179.68
PRESCRIPTION DRUGS	2,698	10,964	685,319.85	62.51	2.741	254.01	171.33

SNF/ICF	52	343		12,774.39	37.24	.086	245.66	3.19
OUTPATIENTS	2,649	10,621		672,545.46	63.32	2.655	253.89	168.14
MEDICAL SUPPLIES	250	7,120		33,416.05	4.69	1.780	133.66	8.35
@DENTIST	52	203	\$	10,483.50	\$ 51.64	.051	\$ 201.61	\$ 2.62
VISITS - DIAGNOSTIC	35	111		1,649.50	14.86	.028	47.13	.41
ORAL SURGERY	3	30		1,440.00	48.00	.008	480.00	.36
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	2	2		300.00	150.00	.001	150.00	.08
PERIODONTICS	2	2		236.00	118.00	.001	118.00	.06
ENDODONTICS	4	6		1,191.00	198.50	.002	297.75	.30
RESTORATIVE DENTISTRY	11	31		2,120.00	68.39	.008	192.73	.53
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	7	23		3,547.00	154.22	.006	506.71	.89
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	2CR		.00	.00	.001CR	.00	.00

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LAKE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

4,000 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	113	285	\$ 5,829.76	\$ 20.46	.071	\$ 51.59	\$ 1.46
DIAGNOSTIC AND ANC. PROCED	4	4	209.45	52.36	.001	52.36	.05
EYE APPLIANCES	102	255	5,070.22	19.88	.064	49.71	1.27
OTHER OPTOMETRIC SERVICES	14	26	550.09	21.16	.007	39.29	.14
@CHIROPRACTOR	7	12	\$ 161.69	\$ 13.47	.003	\$ 23.10	\$.04
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	7	12	161.69	13.47	.003	23.10	.04
@PODIATRIST	10	15	\$ 114.73	\$ 7.65	.004	\$ 11.47	\$.03
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	10	15	114.73	7.65	.004	11.47	.03
@HOME HEALTH AGENCY	4	22	\$ 1,551.44	\$ 70.52	.006	\$ 387.86	\$.39
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	641	4,060	\$ 343,742.17	\$ 84.67	1.015	\$ 536.26	\$ 85.94
HOSP INPATIENT TOTAL	76	97	275,182.04	2836.93	.024	3620.82	68.80
HSC HOSPITALS	2	13	13,774.00	1059.54	.003	6887.00	3.44
NON-HSC HOSPITAL TOTAL	17	84	206,919.47	2463.33	.021	12171.73	51.73
ACCOMMODATIONS	17	84	71,476.32	850.91	.021	4204.49	17.87
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	17	84	71,476.32	850.91	.021	4204.49	17.87
ANCILLARIES	17	0	135,443.15	.00	.000	7967.24	33.86
INPATIENT CROSSOVERS	57	0	54,488.57	.00	.000	955.94	13.62
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	601	3,963	68,560.13	17.30	.991	114.08	17.14
MEDICAL	10	15	838.05	55.87	.004	83.81	.21
SURGERY	4	4	240.83	60.21	.001	60.21	.06
PATHOLOGY	30	116	1,487.33	12.82	.029	49.58	.37

RADIOLOGY	31	47		3,078.58	65.50	.012	99.31	.77
ROOM USE	20	22		1,023.91	46.54	.006	51.20	.26
CROSSOVERS/ALL OTH OUTPTNT	561	3,759		61,891.43	16.46	.940	110.32	15.47
@COUNTY HOSPITAL TOTAL	1	2	\$	63.19	\$ 31.60	.001	\$ 63.19	\$.02
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	2		63.19	31.60	.001	63.19	.02
MEDICAL	1	1		27.50	27.50	.000	27.50	.01
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	1		35.69	35.69	.000	35.69	.01
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 5,215
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
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					----- MONTHLY AVERAGE -----			
4,000 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	640	4,058	\$ 343,678.98	\$ 84.69	1.015	\$ 537.00	\$ 85.92	
COMM HOSP INPATIENT TOTAL	76	97	275,182.04	2836.93	.024	3620.82	68.80	
HSC HOSPITALS	2	13	13,774.00	1059.54	.003	6887.00	3.44	
NON-HSC HOSPITALS TOTAL	17	84	206,919.47	2463.33	.021	12171.73	51.73	
ACCOMMODATIONS	17	84	71,476.32	850.91	.021	4204.49	17.87	

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	17	84	71,476.32	850.91	.021	4204.49	17.87
ANCILLARIES	17	0	135,443.15	.00	.000	7967.24	33.86
INPATIENT CROSSOVERS	57	0	54,488.57	.00	.000	955.94	13.62
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	600	3,961	68,496.94	17.29	.990	114.16	17.12
MEDICAL	9	14	810.55	57.90	.004	90.06	.20
SURGERY	4	4	240.83	60.21	.001	60.21	.06
PATHOLOGY	30	116	1,487.33	12.82	.029	49.58	.37
RADIOLOGY	31	47	3,078.58	65.50	.012	99.31	.77
ROOM USE	19	21	988.22	47.06	.005	52.01	.25
CROSSOVERS/ALL OTH OUTPTNT	561	3,759	61,891.43	16.46	.940	110.32	15.47
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	67	1,463	212,499.41	145.25	.366	3171.63	53.12
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	67	1,463	212,499.41	145.25	.366	3171.63	53.12
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	1	432.25	432.25	.000	432.25	.11
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	1	432.25	432.25	.000	432.25	.11
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	7	23	201.04	8.74	.006	28.72	.05
PATHOLOGY	7	23	201.04	8.74	.006	28.72	.05
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	922	1,564	117,187.33	74.93	.391	127.10	29.30
CLINIC	7	15	348.56	23.24	.004	49.79	.09
SURGICENTER	4	4	843.64	210.91	.001	210.91	.21
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	912	1,545	115,995.13	75.08	.386	127.19	29.00

#CALIF DEPT OF HEALTH SERV MPO024 LAKE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - NO SOC - AGED

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----- MONTHLY AVERAGE -----							
4,000 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	459	11,950	\$ 72,494.58	\$ 6.07	2.988	\$ 157.94	\$ 18.12
DURABLE MED. EQUIP.	6	42	1,201.55	28.61	.011	200.26	.30
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	30	9,001	18,854.87	2.09	2.250	628.50	4.71
AMBULANCES/AIR TRANS	15	181	2,318.35	12.81	.045	154.56	.58
OTHER TRANS	14	8,791	16,345.96	1.86	2.198	1167.57	4.09
OTHER SERVICES	4	29	190.56	6.57	.007	47.64	.05
ACUPUNCTURE	5	10	173.01	17.30	.003	34.60	.04

ADULT DAY HEALTH CARE CTR	12	165	11,480.70	69.58	.041	956.73	2.87
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	46	175	16,156.16	92.32	.044	351.22	4.04
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	113	271	3,104.79	11.46	.068	27.48	.78
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	31	64	7,759.27	121.24	.016	250.30	1.94
HOSPICE SERVICES	1	2	243.66	121.83	.001	243.66	.06
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	248	2,220	13,520.57	6.09	.555	54.52	3.38
@CALIF. CHILDREN SERVICES*	1	1	\$ 44.60	\$ 44.60	.000	\$ 44.60	\$.01
@XOVER EXCLUDING STATE HOSP**	1,156	9,636	\$ 203,789.12	\$ 21.15	2.409	\$ 176.29	\$ 50.95

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,217
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 LAKE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

18 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2	14	\$ 164.20	\$ 11.73	.778	\$ 82.10	\$ 9.12
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

18 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1	13	\$ 150.16	\$ 11.55	.722	\$ 150.16	\$ 8.34
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	13	150.16	11.55	.722	150.16	8.34
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	13	150.16	11.55	.722	150.16	8.34
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

18 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	13	\$ 150.16	\$ 11.55	.722	\$ 150.16	\$ 8.34
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	13	150.16	11.55	.722	150.16	8.34
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	13	150.16	11.55	.722	150.16	8.34
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	14.04	\$	14.04	.056	\$ 14.04	\$.78
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1		14.04		14.04	.056	14.04	.78

#CALIF DEPT OF HEALTH SERV
 MOP024
 LAKE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR MN - NO SOC - BLIND

PAGE 5,220
 03/14/05

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18 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1	13	\$ 150.16	\$ 11.55	.722	\$ 150.16	\$ 8.34

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

LAKE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

						----- MONTHLY AVERAGE -----		
3,422 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	3,339	60,064	\$ 2,391,966.95	\$ 39.82	17.552	\$ 716.37	\$ 699.00	
@PHYSICIANS SERVICES	758	2,645	\$ 85,780.74	\$ 32.43	.773	\$ 113.17	\$ 25.07	
OUTPATIENT VISITS	239	313	13,878.96	44.34	.091	58.07	4.06	
OFFICE VISITS	163	211	7,462.88	35.37	.062	45.78	2.18	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	82	96	6,204.60	64.63	.028	75.67	1.81	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	6	6	211.48	35.25	.002	35.25	.06	
INPATIENT VISITS	34	157	6,900.03	43.95	.046	202.94	2.02	
HOSPITAL VISITS	31	151	6,561.73	43.46	.044	211.67	1.92	
CRITICAL CARE	1	2	180.50	90.25	.001	180.50	.05	
SNF/ICF/TRANS IP CARE	4	4	157.80	39.45	.001	39.45	.05	
OPHTHALMOLOGICAL SERVICES	13	13	488.66	37.59	.004	37.59	.14	
EXAMINATIONS	13	13	488.66	37.59	.004	37.59	.14	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	22	205	6,675.48	32.56	.060	303.43	1.95	
PRINCIPAL SURGEON	9	12	3,174.14	264.51	.004	352.68	.93	
ASSISTANT SURGEON	3	3	823.92	274.64	.001	274.64	.24	
ANESTHESIOLOGIST	10	190	2,677.42	14.09	.056	267.74	.78	

OUTPATIENT SURGERY	53	145		12,342.85	85.12	.042	232.88	3.61
PRINCIPAL SURGEON	48	56		10,834.48	193.47	.016	225.72	3.17
ASSISTANT SURGEON	1	1		56.22	56.22	.000	56.22	.02
ANESTHESIOLOGIST	10	88		1,452.15	16.50	.026	145.22	.42
DIALYSIS	7	33		2,369.42	71.80	.010	338.49	.69
PATHOLOGY	55	92		2,261.02	24.58	.027	41.11	.66
RADIOLOGY	169	333		13,143.46	39.47	.097	77.77	3.84
PSYCHIATRY	1	1		21.89	21.89	.000	21.89	.01
IMMUNIZATION AND INJECTION	16	228		8,612.65	37.77	.067	538.29	2.52
OTHER SERVICES/ALL X-OVERS	446	1,125		19,086.32	16.97	.329	42.79	5.58
@PHARMACY	2,587	26,242	\$	1,118,840.77	\$ 42.64	7.669	\$ 432.49	\$ 326.96
PRESCRIPTION DRUGS	2,557	12,403		1,088,819.63	87.79	3.624	425.82	318.18
SNF/ICF	23	239		16,637.06	69.61	.070	723.35	4.86
OUTPATIENTS	2,538	12,164		1,072,182.57	88.14	3.555	422.45	313.32
MEDICAL SUPPLIES	238	13,839		30,021.14	2.17	4.044	126.14	8.77
@DENTIST	83	315	\$	17,596.35	\$ 55.86	.092	\$ 212.00	\$ 5.14
VISITS - DIAGNOSTIC	48	125		2,234.00	17.87	.037	46.54	.65
ORAL SURGERY	19	117		5,460.35	46.67	.034	287.39	1.60
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	2	2		200.00	100.00	.001	100.00	.06
PERIODONTICS	1	1		118.00	118.00	.000	118.00	.03
ENDODONTICS	4	5		1,750.00	350.00	.001	437.50	.51
RESTORATIVE DENTISTRY	18	39		3,238.00	83.03	.011	179.89	.95
PROSTHETICS	2	2		30.00	15.00	.001	15.00	.01
DENTURES, STAYPLATES	9	24		4,566.00	190.25	.007	507.33	1.33
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 5,222
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G							

----- MONTHLY AVERAGE -----								
3,422 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	116	324	\$ 5,894.62	\$ 18.19	.095	\$ 50.82	\$ 1.72	
DIAGNOSTIC AND ANC. PROCED	21	22	892.90	40.59	.006	42.52	.26	
EYE APPLIANCES	105	283	4,422.96	15.63	.083	42.12	1.29	
OTHER OPTOMETRIC SERVICES	14	19	578.76	30.46	.006	41.34	.17	
@CHIROPRACTOR	2	9	\$ 61.13	\$ 6.79	.003	\$ 30.57	\$.02	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	2	9	61.13	6.79	.003	30.57	.02	
@PODIATRIST	12	17	\$ 357.52	\$ 21.03	.005	\$ 29.79	\$.10	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	12	17	357.52	21.03	.005	29.79	.10	
@HOME HEALTH AGENCY	35	3,314	\$ 114,041.40	\$ 34.41	.968	\$ 3258.33	\$ 33.33	
NURSE ANESTHESIST	2	19	\$ 316.72	\$ 16.67	.006	\$ 158.36	\$.09	
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
@TOTAL HOSPITAL	762	4,450	\$ 588,620.50	\$ 132.27	1.300	\$ 772.47	\$ 172.01	
HOSP INPATIENT TOTAL	58	169	495,562.98	2932.33	.049	8544.19	144.82	
HSC HOSPITALS	7	39	46,472.00	1191.59	.011	6638.86	13.58	

NON-HSC HOSPITAL TOTAL	24	130	395,861.99	3045.09	.038	16494.25	115.68
ACCOMMODATIONS	24	130	132,698.46	1020.76	.038	5529.10	38.78
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	24	130	132,698.46	1020.76	.038	5529.10	38.78
ANCILLARIES	24	0	263,163.53	.00	.000	10965.15	76.90
INPATIENT CROSSOVERS	28	0	53,228.99	.00	.000	1901.04	15.55
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	725	4,281	93,057.52	21.74	1.251	128.36	27.19
MEDICAL	102	191	11,144.42	58.35	.056	109.26	3.26
SURGERY	25	25	1,566.04	62.64	.007	62.64	.46
PATHOLOGY	214	914	11,645.40	12.74	.267	54.42	3.40
RADIOLOGY	141	202	17,384.98	86.06	.059	123.30	5.08
ROOM USE	122	178	9,338.32	52.46	.052	76.54	2.73
CROSSOVERS/ALL OTH OUTPTNT	480	2,771	41,978.36	15.15	.810	87.45	12.27
@COUNTY HOSPITAL TOTAL	6	24	\$ 13,241.95	\$ 551.75	.007	\$ 2206.99	\$ 3.87
CO HOSPITAL INPATIENT TOTAL	1	11	12,760.00	1160.00	.003	12760.00	3.73
HSC HOSPITALS	1	11	12,760.00	1160.00	.003	12760.00	3.73
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	5	13	481.95	37.07	.004	96.39	.14
MEDICAL	4	4	121.31	30.33	.001	30.33	.04
SURGERY	1	1	115.70	115.70	.000	115.70	.03
PATHOLOGY	1	1	25.10	25.10	.000	25.10	.01
RADIOLOGY	1	2	39.01	19.51	.001	39.01	.01
ROOM USE	5	5	180.83	36.17	.001	36.17	.05
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 5,223
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G						

3,422 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	760	4,426	\$ 575,378.55	\$ 130.00	1.293	\$ 757.08	\$ 168.14
COMM HOSP INPATIENT TOTAL	58	158	482,802.98	3055.72	.046	8324.19	141.09
HSC HOSPITALS	6	28	33,712.00	1204.00	.008	5618.67	9.85
NON-HSC HOSPITALS TOTAL	24	130	395,861.99	3045.09	.038	16494.25	115.68
ACCOMMODATIONS	24	130	132,698.46	1020.76	.038	5529.10	38.78
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	24	130	132,698.46	1020.76	.038	5529.10	38.78
ANCILLARIES	24	0	263,163.53	.00	.000	10965.15	76.90
INPATIENT CROSSOVERS	28	0	53,228.99	.00	.000	1901.04	15.55
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	723	4,268	92,575.57	21.69	1.247	128.04	27.05
MEDICAL	99	187	11,023.11	58.95	.055	111.34	3.22
SURGERY	24	24	1,450.34	60.43	.007	60.43	.42
PATHOLOGY	213	913	11,620.30	12.73	.267	54.56	3.40
RADIOLOGY	140	200	17,345.97	86.73	.058	123.90	5.07
ROOM USE	119	173	9,157.49	52.93	.051	76.95	2.68

CROSSOVERS/ALL OTH OUTPTNT	480	2,771		41,978.36	15.15	.810	87.45	12.27
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	15	417	\$	51,291.57	\$ 123.00	.122	\$ 3419.44	\$ 14.99
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	15	417		51,291.57	123.00	.122	3419.44	14.99
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	36	102	\$	51,445.46	\$ 504.37	.030	\$ 1429.04	\$ 15.03
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	36	102		51,445.46	504.37	.030	1429.04	15.03
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	32	103	\$	1,651.66	\$ 16.04	.030	\$ 51.61	\$.48
PATHOLOGY	31	100		1,624.06	16.24	.029	52.39	.47
XO AND OTHERS	1	3		27.60	9.20	.001	27.60	.01
@ORGANIZED OUTPATIENT CLINIC	1,318	2,906	\$	240,781.04	\$ 82.86	.849	\$ 182.69	\$ 70.36
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	3	3		606.85	202.28	.001	202.28	.18
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,315	2,903		240,174.19	82.73	.848	182.64	70.19

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,224
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

3,422 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	404	19,201	\$	115,287.47	\$ 6.00	5.611	\$ 285.37	\$ 33.69
DURABLE MED. EQUIP.	52	186		48,372.25	260.07	.054	930.24	14.14
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	61	14,069		33,642.30	2.39	4.111	551.51	9.83
AMBULANCES/AIR TRANS	35	477		4,844.25	10.16	.139	138.41	1.42
OTHER TRANS	20	13,532		26,798.34	1.98	3.954	1339.92	7.83
OTHER SERVICES	8	60		1,999.71	33.33	.018	249.96	.58
ACUPUNCTURE	3	10		173.01	17.30	.003	57.67	.05
ADULT DAY HEALTH CARE CTR	1	5		347.90	69.58	.001	347.90	.10
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	22	86		10,484.72	121.92	.025	476.58	3.06
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	109	275		4,276.69	15.55	.080	39.24	1.25
PHYSICAL THERAPIST	8	95		1,387.96	14.61	.028	173.50	.41
PORTABLE X-RAY	1	2		1.31	.66	.001	1.31	.00
PROSTHETIST/ORTHOTISTS	7	24		3,431.25	142.97	.007	490.18	1.00
PROSTHETICS	7	24		3,431.25	142.97	.007	490.18	1.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	5	11		1,427.86	129.81	.003	285.57	.42

HOSPICE SERVICES	4	29		3,512.86	121.13	.008	878.22	1.03
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	12	441		3,115.55	7.06	.129	259.63	.91
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	156	3,968		5,113.81	1.29	1.160	32.78	1.49
@CALIF. CHILDREN SERVICES*	13	142	\$	36,205.80	\$ 254.97	.041	\$ 2785.06	\$ 10.58
@XOVER EXCLUDING STATE HOSP**	748	10,618	\$	139,695.52	\$ 13.16	3.103	\$ 186.76	\$ 40.82

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 5,225
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR	MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K	

57,485 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	29,031	150,560	\$ 11,563,090.42	\$ 76.80	2.619	\$ 398.30	\$ 201.15
@PHYSICIANS SERVICES	7,235	22,355	\$ 893,145.53	\$ 39.95	.389	\$ 123.45	\$ 15.54
OUTPATIENT VISITS	4,304	8,516	262,041.21	30.77	.148	60.88	4.56
OFFICE VISITS	1,445	1,799	59,981.97	33.34	.031	41.51	1.04
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2,492	2,810	155,004.80	55.16	.049	62.20	2.70
PREVENTIVE CARE	7	8	286.68	35.84	.000	40.95	.00
OB VISITS/COMPRE PERI	440	3,828	44,528.09	11.63	.067	101.20	.77
OTHER OUTPATIENT	63	71	2,239.67	31.54	.001	35.55	.04
INPATIENT VISITS	274	1,285	93,422.47	72.70	.022	340.96	1.63
HOSPITAL VISITS	261	910	41,773.22	45.90	.016	160.05	.73
CRITICAL CARE	42	374	51,621.75	138.03	.007	1229.09	.90
SNF/ICF/TRANS IP CARE	1	1	27.50	27.50	.000	27.50	.00
OPHTHALMOLOGICAL SERVICES	112	136	5,317.31	39.10	.002	47.48	.09

EXAMINATIONS	112	136	5,317.31	39.10	.002	47.48	.09
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	336	2,667	167,189.63	62.69	.046	497.59	2.91
PRINCIPAL SURGEON	227	287	127,046.01	442.67	.005	559.67	2.21
ASSISTANT SURGEON	22	22	5,173.89	235.18	.000	235.18	.09
ANESTHESIOLOGIST	139	2,358	34,969.73	14.83	.041	251.58	.61
OUTPATIENT SURGERY	813	2,262	129,322.75	57.17	.039	159.07	2.25
PRINCIPAL SURGEON	687	826	102,196.83	123.72	.014	148.76	1.78
ASSISTANT SURGEON	1	1	46.91	46.91	.000	46.91	.00
ANESTHESIOLOGIST	171	1,435	27,079.01	18.87	.025	158.36	.47
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	766	1,205	30,559.40	25.36	.021	39.89	.53
RADIOLOGY	2,339	3,730	110,134.44	29.53	.065	47.09	1.92
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	86	733	47,763.95	65.16	.013	555.39	.83
OTHER SERVICES/ALL X-OVERS	730	1,821	47,394.37	26.03	.032	64.92	.82
@PHARMACY	13,475	42,522	\$ 1,852,962.69	\$ 43.58	.740	\$ 137.51	\$ 32.23
PRESCRIPTION DRUGS	13,371	32,830	1,827,287.40	55.66	.571	136.66	31.79
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	13,371	32,830	1,827,287.40	55.66	.571	136.66	31.79
MEDICAL SUPPLIES	298	9,692	25,675.29	2.65	.169	86.16	.45
@DENTIST	1,081	5,001	\$ 203,799.35	\$ 40.75	.087	\$ 188.53	\$ 3.55
VISITS - DIAGNOSTIC	735	2,699	44,964.13	16.66	.047	61.18	.78
ORAL SURGERY	184	705	39,563.20	56.12	.012	215.02	.69
DRUGS	27	29	600.00	20.69	.001	22.22	.01
ANESTHESIA	35	38	3,000.00	78.95	.001	85.71	.05
PERIODONTICS	4	4	273.12	68.28	.000	68.28	.00
ENDODONTICS	106	208	35,456.75	170.47	.004	334.50	.62
RESTORATIVE DENTISTRY	381	1,140	63,448.15	55.66	.020	166.53	1.10
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	21	86	11,941.00	138.85	.001	568.62	.21
SPACE MAINTAINERS	11	14	1,393.00	99.50	.000	126.64	.02
MAXILLOFACIAL SERVICES	2	2	137.50	68.75	.000	68.75	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	18	27	2,917.50	108.06	.000	162.08	.05
ALL OTHER SERVICES	40	48	75.00	1.56	.001	1.88	.00

#CALIF DEPT OF HEALTH SERV MOP024 LAKE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

PAGE 5,226
03/14/05

57,485 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	837	2,303	\$ 52,518.61	\$ 22.80	.040	\$ 62.75	\$.91
DIAGNOSTIC AND ANC. PROCED	587	592	26,182.15	44.23	.010	44.60	.46
EYE APPLIANCES	630	1,684	25,649.17	15.23	.029	40.71	.45
OTHER OPTOMETRIC SERVICES	26	27	687.29	25.46	.000	26.43	.01
@CHIROPRACTOR	138	200	\$ 3,306.38	\$ 16.53	.003	\$ 23.96	\$.06
VISITS	137	198	3,272.94	16.53	.003	23.89	.06
OTHER SERVICES	1	2	33.44	16.72	.000	33.44	.00
@PODIATRIST	4	4	\$ 179.01	\$ 44.75	.000	\$ 44.75	\$.00
MEDICINE/INJECTIONS	1	1	62.41	62.41	.000	62.41	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	3	3	116.60	38.87	.000	38.87	.00
@HOME HEALTH AGENCY	97	368	\$ 20,996.05	\$ 57.05	.006	\$ 216.45	\$.37
NURSE ANESTHESIST	30	251	\$ 4,228.06	\$ 16.84	.004	\$ 140.94	\$.07

NURSE MIDWIFE	10	107	\$	2,873.85	\$	26.86	.002	\$	287.39	\$	.05
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	1	1	\$	75.17	\$	75.17	.000	\$	75.17	\$	.00
@TOTAL HOSPITAL	7,178	30,246	\$	4,985,177.73	\$	164.82	.526	\$	694.51	\$	86.72
HOSP INPATIENT TOTAL	415	1,982		4,217,375.66		2127.84	.034		10162.35		73.36
HSC HOSPITALS	75	701		1,184,354.05		1689.52	.012		15791.39		20.60
NON-HSC HOSPITAL TOTAL	339	1,281		3,027,801.61		2363.62	.022		8931.57		52.67
ACCOMMODATIONS	339	1,281		914,780.25		714.11	.022		2698.47		15.91
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	339	1,281		914,780.25		714.11	.022		2698.47		15.91
ANCILLARIES	339	0		2,113,021.36		.00	.000		6233.10		36.76
INPATIENT CROSSOVERS	6	0		5,220.00		.00	.000		870.00		.09
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	6,936	28,264		767,802.07		27.17	.492		110.70		13.36
MEDICAL	1,262	2,052		79,370.53		38.68	.036		62.89		1.38
SURGERY	402	505		24,758.85		49.03	.009		61.59		.43
PATHOLOGY	3,259	12,487		166,202.61		13.31	.217		51.00		2.89
RADIOLOGY	2,235	3,028		225,644.07		74.52	.053		100.96		3.93
ROOM USE	3,402	4,346		185,331.16		42.64	.076		54.48		3.22
CROSSOVERS/ALL OTH OUTPTNT	2,252	5,846		86,494.85		14.80	.102		38.41		1.50
@COUNTY HOSPITAL TOTAL	13	54	\$	3,075.20	\$	56.95	.001	\$	236.55	\$	.05
CO HOSPITAL INPATIENT TOTAL	1	1		1,200.01		1200.01	.000		1200.01		.02
HSC HOSPITALS	1	1		1,200.01		1200.01	.000		1200.01		.02
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	12	53		1,875.19		35.38	.001		156.27		.03
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	4	6		181.16		30.19	.000		45.29		.00
PATHOLOGY	4	17		469.04		27.59	.000		117.26		.01
RADIOLOGY	1	1		38.54		38.54	.000		38.54		.00
ROOM USE	10	16		813.01		50.81	.000		81.30		.01
CROSSOVERS/ALL OTH OUTPTNT	6	13		373.44		28.73	.000		62.24		.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,227
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

	57,485 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	7,170	30,192	\$	4,982,102.53	\$	165.01	.525	\$	86.67
COMM HOSP INPATIENT TOTAL	414	1,981		4,216,175.65		2128.31	.034		73.34
HSC HOSPITALS	74	700		1,183,154.04		1690.22	.012		20.58
NON-HSC HOSPITALS TOTAL	339	1,281		3,027,801.61		2363.62	.022		52.67
ACCOMMODATIONS	339	1,281		914,780.25		714.11	.022		15.91
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00
ALL OTHER ACCOM	339	1,281		914,780.25		714.11	.022		15.91
ANCILLARIES	339	0		2,113,021.36		.00	.000		36.76
INPATIENT CROSSOVERS	6	0		5,220.00		.00	.000		.09
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00

COMM HOSP OUTPATIENT TOTAL	6,927	28,211		765,926.88		27.15	.491	110.57	13.32
MEDICAL	1,262	2,052		79,370.53		38.68	.036	62.89	1.38
SURGERY	398	499		24,577.69		49.25	.009	61.75	.43
PATHOLOGY	3,256	12,470		165,733.57		13.29	.217	50.90	2.88
RADIOLOGY	2,234	3,027		225,605.53		74.53	.053	100.99	3.92
ROOM USE	3,395	4,330		184,518.15		42.61	.075	54.35	3.21
CROSSOVERS/ALL OTH OUTPTNT	2,247	5,833		86,121.41		14.76	.101	38.33	1.50
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	1	4	\$	947.28	\$	236.82	.000	\$ 947.28	\$.02
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	1	4		947.28		236.82	.000	947.28	.02
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	5	111	\$	5,850.94	\$	52.71	.002	\$ 1170.19	\$.10
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	5	111		5,850.94		52.71	.002	1170.19	.10
@REHABILITATION FACILITY	1	2	\$	158.44	\$	79.22	.000	\$ 158.44	\$.00
HOSPITAL BASED	1	2		158.44		79.22	.000	158.44	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	510	1,509	\$	22,935.54	\$	15.20	.026	\$ 44.97	\$.40
PATHOLOGY	508	1,499		22,906.85		15.28	.026	45.09	.40
XO AND OTHERS	2	10		28.69		2.87	.000	14.35	.00
@ORGANIZED OUTPATIENT CLINIC	15,104	25,254	\$	3,255,947.81	\$	128.93	.439	\$ 215.57	\$ 56.64
CLINIC	151	614		23,925.37		38.97	.011	158.45	.42
SURGICENTER	34	170		6,279.57		36.94	.003	184.69	.11
HEROIN DETOX CLINIC	1	21		240.98		11.48	.000	240.98	.00
RURAL HEALTH CLINIC	14,955	24,449		3,225,501.89		131.93	.425	215.68	56.11

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,228
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

	57,485 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,383	20,322	\$	257,987.98	\$ 12.70	.354	\$ 108.26	\$ 4.49
DURABLE MED. EQUIP.	113	226		15,868.15	70.21	.004	140.43	.28
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	360	11,529		153,071.51	13.28	.201	425.20	2.66
AMBULANCES/AIR TRANS	357	5,768		86,856.12	15.06	.100	243.29	1.51
OTHER TRANS	3	5,729		9,140.39	1.60	.100	3046.80	.16
OTHER SERVICES	32	32		57,075.00	1783.59	.001	1783.59	.99
ACUPUNCTURE	53	138		2,357.27	17.08	.002	44.48	.04
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	59	59		6,195.00	105.00	.001	105.00	.11
IHMC,MODEL-NF,NF,AIDS,MSSP	6	18		2,836.70	157.59	.000	472.78	.05
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	560	1,279		11,753.26	9.19	.022	20.99	.20
PHYSICAL THERAPIST	87	761		11,429.83	15.02	.013	131.38	.20

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	44	84	10,031.48	119.42	.001	227.99	.17
PROSTHETICS	43	83	9,991.93	120.38	.001	232.37	.17
ORTHOTICS	1	1	39.55	39.55	.000	39.55	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	18	57	2,295.22	40.27	.001	127.51	.04
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,013	2,967	38,257.66	12.89	.052	37.77	.67
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	117	3,204	3,891.90	1.21	.056	33.26	.07
@CALIF. CHILDREN SERVICES*	168	4,478	\$ 920,721.52	\$ 205.61	.078	\$ 5480.49	\$ 16.02
@XOVER EXCLUDING STATE HOSP**	160	2,381	\$ 18,612.76	\$ 7.82	.041	\$ 116.33	\$.32

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 5,229
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL	

64,925 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	35,863	250,686	\$ 15,487,232.08	\$ 61.78	3.861	\$ 431.84	\$ 238.54
@PHYSICIANS SERVICES	8,633	27,366	\$ 1,027,502.98	\$ 37.55	.422	\$ 119.02	\$ 15.83
OUTPATIENT VISITS	4,595	8,913	279,971.27	31.41	.137	60.93	4.31
OFFICE VISITS	1,638	2,058	68,874.15	33.47	.032	42.05	1.06
HOME VISITS	1	1	34.30	34.30	.000	34.30	.00
EMERGENCY ROOM	2,597	2,941	163,796.90	55.69	.045	63.07	2.52
PREVENTIVE CARE	7	8	286.68	35.84	.000	40.95	.00
OB VISITS/COMPRE PERI	440	3,828	44,528.09	11.63	.059	101.20	.69
OTHER OUTPATIENT	69	77	2,451.15	31.83	.001	35.52	.04
INPATIENT VISITS	325	1,490	102,384.26	68.71	.023	315.03	1.58
HOSPITAL VISITS	305	1,100	50,162.38	45.60	.017	164.47	.77
CRITICAL CARE	43	376	51,802.25	137.77	.006	1204.70	.80
SNF/ICF/TRANS IP CARE	10	14	419.63	29.97	.000	41.96	.01
OPHTHALMOLOGICAL SERVICES	139	164	6,354.33	38.75	.003	45.71	.10
EXAMINATIONS	139	164	6,354.33	38.75	.003	45.71	.10
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	364	2,914	177,558.94	60.93	.045	487.80	2.73
PRINCIPAL SURGEON	240	310	133,338.75	430.13	.005	555.58	2.05
ASSISTANT SURGEON	26	26	6,069.66	233.45	.000	233.45	.09
ANESTHESIOLOGIST	151	2,578	38,150.53	14.80	.040	252.65	.59
OUTPATIENT SURGERY	881	2,453	145,186.63	59.19	.038	164.80	2.24
PRINCIPAL SURGEON	749	908	116,215.68	127.99	.014	155.16	1.79
ASSISTANT SURGEON	2	2	103.13	51.57	.000	51.57	.00
ANESTHESIOLOGIST	183	1,543	28,867.82	18.71	.024	157.75	.44
DIALYSIS	7	33	2,369.42	71.80	.001	338.49	.04
PATHOLOGY	827	1,304	33,023.34	25.32	.020	39.93	.51
RADIOLOGY	2,549	4,156	126,059.22	30.33	.064	49.45	1.94
PSYCHIATRY	1	1	21.89	21.89	.000	21.89	.00
IMMUNIZATION AND INJECTION	104	963	56,420.36	58.59	.015	542.50	.87
OTHER SERVICES/ALL X-OVERS	1,737	4,975	98,153.32	19.73	.077	56.51	1.51
@PHARMACY	18,802	86,848	\$ 3,690,539.36	\$ 42.49	1.338	\$ 196.28	\$ 56.84
PRESCRIPTION DRUGS	18,626	56,197	3,601,426.88	64.09	.866	193.35	55.47

SNF/ICF	75	582	29,411.45	50.54	.009	392.15	.45
OUTPATIENTS	18,558	55,615	3,572,015.43	64.23	.857	192.48	55.02
MEDICAL SUPPLIES	786	30,651	89,112.48	2.91	.472	113.37	1.37
@DENTIST	1,216	5,519	\$ 231,879.20	\$ 42.01	.085	\$ 190.69	\$ 3.57
VISITS - DIAGNOSTIC	818	2,935	48,847.63	16.64	.045	59.72	.75
ORAL SURGERY	206	852	46,463.55	54.53	.013	225.55	.72
DRUGS	27	29	600.00	20.69	.000	22.22	.01
ANESTHESIA	39	42	3,500.00	83.33	.001	89.74	.05
PERIODONTICS	7	7	627.12	89.59	.000	89.59	.01
ENDODONTICS	114	219	38,397.75	175.33	.003	336.82	.59
RESTORATIVE DENTISTRY	410	1,210	68,806.15	56.86	.019	167.82	1.06
PROSTHETICS	3	3	60.00	20.00	.000	20.00	.00
DENTURES, STAYPLATES	37	133	20,054.00	150.78	.002	542.00	.31
SPACE MAINTAINERS	11	14	1,393.00	99.50	.000	126.64	.02
MAXILLOFACIAL SERVICES	2	2	137.50	68.75	.000	68.75	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	18	27	2,917.50	108.06	.000	162.08	.04
ALL OTHER SERVICES	41	46	75.00	1.63	.001	1.83	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 5,230
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL						

					----- MONTHLY AVERAGE -----			
64,925 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	1,066	2,912	\$ 64,242.99	\$ 22.06	.045	\$ 60.27	\$.99	
DIAGNOSTIC AND ANC. PROCED	612	618	27,284.50	44.15	.010	44.58	.42	
EYE APPLIANCES	837	2,222	35,142.35	15.82	.034	41.99	.54	
OTHER OPTOMETRIC SERVICES	54	72	1,816.14	25.22	.001	33.63	.03	
@CHIROPRACTOR	147	221	\$ 3,529.20	\$ 15.97	.003	\$ 24.01	\$.05	
VISITS	137	198	3,272.94	16.53	.003	23.89	.05	
OTHER SERVICES	10	23	256.26	11.14	.000	25.63	.00	
@PODIATRIST	26	36	\$ 651.26	\$ 18.09	.001	\$ 25.05	\$.01	

MEDICINE/INJECTIONS	1	1	62.41	62.41	.000	62.41	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	25	35	588.85	16.82	.001	23.55	.01
@HOME HEALTH AGENCY	136	3,704	\$ 136,588.89	\$ 36.88	.057	\$ 1004.33	\$ 2.10
NURSE ANESTHESIST	32	270	\$ 4,544.78	\$ 16.83	.004	\$ 142.02	\$.07
NURSE MIDWIFE	10	107	\$ 2,873.85	\$ 26.86	.002	\$ 287.39	\$.04
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	1	\$ 75.17	\$ 75.17	.000	\$ 75.17	\$.00
@TOTAL HOSPITAL	8,582	38,769	\$ 5,917,690.56	\$ 152.64	.597	\$ 689.55	\$ 91.15
HOSP INPATIENT TOTAL	549	2,248	4,988,120.68	2218.91	.035	9085.83	76.83
HSC HOSPITALS	84	753	1,244,600.05	1652.86	.012	14816.67	19.17
NON-HSC HOSPITAL TOTAL	380	1,495	3,630,583.07	2428.48	.023	9554.17	55.92
ACCOMMODATIONS	380	1,495	1,118,955.03	748.46	.023	2944.62	17.23
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	380	1,495	1,118,955.03	748.46	.023	2944.62	17.23
ANCILLARIES	380	0	2,511,628.04	.00	.000	6609.55	38.69
INPATIENT CROSSOVERS	91	0	112,937.56	.00	.000	1241.07	1.74
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	8,263	36,521	929,569.88	25.45	.563	112.50	14.32
MEDICAL	1,374	2,258	91,353.00	40.46	.035	66.49	1.41
SURGERY	431	534	26,565.72	49.75	.008	61.64	.41
PATHOLOGY	3,503	13,517	179,335.34	13.27	.208	51.19	2.76
RADIOLOGY	2,407	3,277	246,107.63	75.10	.050	102.25	3.79
ROOM USE	3,544	4,546	195,693.39	43.05	.070	55.22	3.01
CROSSOVERS/ALL OTH OUTPTNT	3,294	12,389	190,514.80	15.38	.191	57.84	2.93
@COUNTY HOSPITAL TOTAL	20	80	\$ 16,380.34	\$ 204.75	.001	\$ 819.02	\$.25
CO HOSPITAL INPATIENT TOTAL	2	12	13,960.01	1163.33	.000	6980.01	.22
HSC HOSPITALS	2	12	13,960.01	1163.33	.000	6980.01	.22
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	18	68	2,420.33	35.59	.001	134.46	.04
MEDICAL	5	5	148.81	29.76	.000	29.76	.00
SURGERY	5	7	296.86	42.41	.000	59.37	.00
PATHOLOGY	5	18	494.14	27.45	.000	98.83	.01
RADIOLOGY	2	3	77.55	25.85	.000	38.78	.00
ROOM USE	16	22	1,029.53	46.80	.000	64.35	.02
CROSSOVERS/ALL OTH OUTPTNT	6	13	373.44	28.73	.000	62.24	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,231
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
64,925 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	8,571	38,689	\$ 5,901,310.22	\$ 152.53	.596	\$ 688.52	\$ 90.89
COMM HOSP INPATIENT TOTAL	548	2,236	4,974,160.67	2224.58	.034	9076.94	76.61
HSC HOSPITALS	82	741	1,230,640.04	1660.78	.011	15007.81	18.95
NON-HSC HOSPITALS TOTAL	380	1,495	3,630,583.07	2428.48	.023	9554.17	55.92
ACCOMMODATIONS	380	1,495	1,118,955.03	748.46	.023	2944.62	17.23

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	380	1,495	1,118,955.03	748.46	.023	2944.62	17.23
ANCILLARIES	380	0	2,511,628.04	.00	.000	6609.55	38.69
INPATIENT CROSSOVERS	91	0	112,937.56	.00	.000	1241.07	1.74
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	8,251	36,453	927,149.55	25.43	.561	112.37	14.28
MEDICAL	1,370	2,253	91,204.19	40.48	.035	66.57	1.40
SURGERY	426	527	26,268.86	49.85	.008	61.66	.40
PATHOLOGY	3,499	13,499	178,841.20	13.25	.208	51.11	2.75
RADIOLOGY	2,405	3,274	246,030.08	75.15	.050	102.30	3.79
ROOM USE	3,533	4,524	194,663.86	43.03	.070	55.10	3.00
CROSSOVERS/ALL OTH OUTPTNT	3,289	12,376	190,141.36	15.36	.191	57.81	2.93
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	83	1,884	264,738.26	140.52	.029	3189.62	4.08
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	83	1,884	264,738.26	140.52	.029	3189.62	4.08
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	42	214	57,728.65	269.76	.003	1374.49	.89
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	42	214	57,728.65	269.76	.003	1374.49	.89
@REHABILITATION FACILITY	1	2	158.44	79.22	.000	158.44	.00
HOSPITAL BASED	1	2	158.44	79.22	.000	158.44	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	549	1,635	24,788.24	15.16	.025	45.15	.38
PATHOLOGY	546	1,622	24,731.95	15.25	.025	45.30	.38
XO AND OTHERS	3	13	56.29	4.33	.000	18.76	.00
@ORGANIZED OUTPATIENT CLINIC	17,345	29,725	3,613,930.22	121.58	.458	208.36	55.66
CLINIC	158	629	24,273.93	38.59	.010	153.63	.37
SURGICENTER	41	177	7,730.06	43.67	.003	188.54	.12
HEROIN DETOX CLINIC	1	21	240.98	11.48	.000	240.98	.00
RURAL HEALTH CLINIC	17,183	28,898	3,581,685.25	123.94	.445	208.44	55.17
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 5,232
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL						

----- MONTHLY AVERAGE -----							
64,925 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3,246	51,473	\$ 445,770.03	\$ 8.66	.793	\$ 137.33	\$ 6.87
DURABLE MED. EQUIP.	171	454	65,441.95	144.15	.007	382.70	1.01
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	451	34,599	205,568.68	5.94	.533	455.81	3.17
AMBULANCES/AIR TRANS	407	6,426	94,018.72	14.63	.099	231.00	1.45
OTHER TRANS	37	28,052	52,284.69	1.86	.432	1413.10	.81
OTHER SERVICES	44	121	59,265.27	489.80	.002	1346.94	.91
ACUPUNCTURE	61	158	2,703.29	17.11	.002	44.32	.04

ADULT DAY HEALTH CARE CTR	13	170	11,828.60	69.58	.003	909.89	.18
GENETIC DISEASE TESTING	59	59	6,195.00	105.00	.001	105.00	.10
IHMC,MODEL-NF,NF,AIDS,MSSP	74	279	29,477.58	105.65	.004	398.35	.45
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	782	1,825	19,134.74	10.48	.028	24.47	.29
PHYSICAL THERAPIST	95	856	12,817.79	14.97	.013	134.92	.20
PORTABLE X-RAY	1	2	1.31	.66	.000	1.31	.00
PROSTHETIST/ORTHOTISTS	51	108	13,462.73	124.65	.002	263.98	.21
PROSTHETICS	50	107	13,423.18	125.45	.002	268.46	.21
ORTHOTICS	1	1	39.55	39.55	.000	39.55	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	54	132	11,482.35	86.99	.002	212.64	.18
HOSPICE SERVICES	5	31	3,756.52	121.18	.000	751.30	.06
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,025	3,408	41,373.21	12.14	.052	40.36	.64
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	521	9,392	22,526.28	2.40	.145	43.24	.35
@CALIF. CHILDREN SERVICES*	182	4,621	\$ 956,971.92	\$ 207.09	.071	\$ 5258.09	\$ 14.74
@XOVER EXCLUDING STATE HOSP**	2,065	22,648	\$ 362,247.56	\$ 15.99	.349	\$ 175.42	\$ 5.58

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,233
 MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
 LAKE COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

108 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	163	1,940	\$ 186,290.98	\$ 96.03	17.963	\$ 1142.89	\$ 1724.92
@PHYSICIANS SERVICES	28	297	\$ 1,842.06	\$ 6.20	2.750	\$ 65.79	\$ 17.06
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	28	297	1,842.06	6.20	2.750	65.79	17.06
@PHARMACY	79	429	\$ 29,186.98	\$ 68.03	3.972	\$ 369.46	\$ 270.25
PRESCRIPTION DRUGS	76	426	29,064.54	68.23	3.944	382.43	269.12
SNF/ICF	34	279	15,102.54	54.13	2.583	444.19	139.84
OUTPATIENTS	42	147	13,962.00	94.98	1.361	332.43	129.28
MEDICAL SUPPLIES	3	3	122.44	40.81	.028	40.81	1.13
@DENTIST	4	19	\$ 425.00	\$ 22.37	.176	\$ 106.25	\$ 3.94
VISITS - DIAGNOSTIC	2	11	.00	.00	.102	.00	.00
ORAL SURGERY	1	1	.00	.00	.009	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	260.00	260.00	.009	260.00	2.41
RESTORATIVE DENTISTRY	2	6	165.00	27.50	.056	82.50	1.53
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
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108 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	6	\$ 106.22	\$ 17.70	.056	\$ 53.11	\$.98
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	2	6	106.22	17.70	.056	53.11	.98
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	4	6	\$ 166.11	\$ 27.69	.056	\$ 41.53	\$ 1.54
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	4	6	166.11	27.69	.056	41.53	1.54
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	28	186	\$ 65,226.52	\$ 350.68	1.722	\$ 2329.52	\$ 603.95
HOSP INPATIENT TOTAL	9	27	60,901.31	2255.60	.250	6766.81	563.90
HSC HOSPITALS	1	11	16,305.00	1482.27	.102	16305.00	150.97
NON-HSC HOSPITAL TOTAL	2	16	37,231.91	2326.99	.148	18615.96	344.74
ACCOMMODATIONS	2	16	10,509.53	656.85	.148	5254.77	97.31
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	16	10,509.53	656.85	.148	5254.77	97.31
ANCILLARIES	2	0	26,722.38	.00	.000	13361.19	247.43

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		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	28	186	\$	65,226.52	\$ 350.68	1.722	\$ 2329.52	\$ 603.95
COMM HOSP INPATIENT TOTAL	9	27		60,901.31	2255.60	.250	6766.81	563.90
HSC HOSPITALS	1	11		16,305.00	1482.27	.102	16305.00	150.97
NON-HSC HOSPITALS TOTAL	2	16		37,231.91	2326.99	.148	18615.96	344.74
ACCOMMODATIONS	2	16		10,509.53	656.85	.148	5254.77	97.31
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	16		10,509.53	656.85	.148	5254.77	97.31
ANCILLARIES	2	0		26,722.38	.00	.000	13361.19	247.43
INPATIENT CROSSOVERS	6	0		7,364.40	.00	.000	1227.40	68.19
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	21	159		4,325.21	27.20	1.472	205.96	40.05
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	4		28.13	7.03	.037	28.13	.26
RADIOLOGY	1	2		34.90	17.45	.019	34.90	.32
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	20	153		4,262.18	27.86	1.417	213.11	39.46
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	38	701	\$	79,876.02	\$ 113.95	6.491	\$ 2102.00	\$ 739.59
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	38	701		79,876.02	113.95	6.491	2102.00	739.59
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	20	47	\$	2,645.64	\$ 56.29	.435	\$ 132.28	\$ 24.50
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	20	47		2,645.64	56.29	.435	132.28	24.50
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
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				----- MONTHLY AVERAGE -----				
108 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@ALL OTHER PROVIDERS	11	249	\$ 6,816.43	\$ 27.38	2.306	\$ 619.68	\$ 63.12	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	182	1,052.84	5.78	1.685	210.57	9.75
AMBULANCES/AIR TRANS	3	165	968.96	5.87	1.528	322.99	8.97
OTHER TRANS	3	9	45.13	5.01	.083	15.04	.42
OTHER SERVICES	2	8	38.75	4.84	.074	19.38	.36
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	1	21	1,471.62	70.08	.194	1471.62	13.63
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	2	11	1,618.35	147.12	.102	809.18	14.98
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	5	51.02	10.20	.046	25.51	.47
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	1	30	2,622.60	87.42	.278	2622.60	24.28
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	60	464	\$ 23,051.46	\$ 49.68	4.296	\$ 384.19	\$ 213.44

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
LAKE COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,239
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000 .00 .00
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000 .00 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00 .00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	0	0	.00	.00	.000 .00 .00
ANCILLARIES	0	0	.00	.00	.000 .00 .00
INPATIENT CROSSOVERS	0	0	.00	.00	.000 .00 .00
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00 .00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000 .00 .00
MEDICAL	0	0	.00	.00	.000 .00 .00
SURGERY	0	0	.00	.00	.000 .00 .00
PATHOLOGY	0	0	.00	.00	.000 .00 .00
RADIOLOGY	0	0	.00	.00	.000 .00 .00
ROOM USE	0	0	.00	.00	.000 .00 .00

CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00
ICF DDH	0	0		.00		.00	.000	.00
ICF DD	0	0		.00		.00	.000	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00
XO AND OTHERS	0	0		.00		.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$.00
CLINIC	0	0		.00		.00	.000	.00
SURGICENTER	0	0		.00		.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,240
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 LAKE COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
LAKE COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

PAGE 5,241
03/14/05

163 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	250	4,637	\$ 502,282.31	\$ 108.32	28.448	\$ 2009.13	\$ 3081.49
@PHYSICIANS SERVICES	75	380	\$ 16,688.32	\$ 43.92	2.331	\$ 222.51	\$ 102.38
OUTPATIENT VISITS	40	45	2,242.06	49.82	.276	56.05	13.75
OFFICE VISITS	17	19	602.78	31.73	.117	35.46	3.70
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	21	22	1,561.20	70.96	.135	74.34	9.58
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	4	4	78.08	19.52	.025	19.52	.48
INPATIENT VISITS	14	66	3,006.29	45.55	.405	214.74	18.44
HOSPITAL VISITS	14	63	2,704.19	42.92	.387	193.16	16.59
CRITICAL CARE	2	3	302.10	100.70	.018	151.05	1.85
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	7	78	3,145.61	40.33	.479	449.37	19.30	
PRINCIPAL SURGEON	5	7	722.58	103.23	.043	144.52	4.43	
ASSISTANT SURGEON	3	3	796.15	265.38	.018	265.38	4.88	
ANESTHESIOLOGIST	3	68	1,626.88	23.92	.417	542.29	9.98	
OUTPATIENT SURGERY	12	43	2,240.66	52.11	.264	186.72	13.75	
PRINCIPAL SURGEON	11	16	1,843.89	115.24	.098	167.63	11.31	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	2	27	396.77	14.70	.166	198.39	2.43	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	9	10	430.23	43.02	.061	47.80	2.64	
RADIOLOGY	27	72	2,339.82	32.50	.442	86.66	14.35	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	1	3	24.00	8.00	.018	24.00	.15	
OTHER SERVICES/ALL X-OVERS	27	63	3,259.65	51.74	.387	120.73	20.00	
@PHARMACY	126	1,971	\$ 152,909.05	\$ 77.58	12.092	\$ 1213.56	\$ 938.09	
PRESCRIPTION DRUGS	123	790	150,522.12	190.53	4.847	1223.76	923.45	
SNF/ICF	0	0	.00	.00	.000	.00	.00	
OUTPATIENTS	123	790	150,522.12	190.53	4.847	1223.76	923.45	
MEDICAL SUPPLIES	16	1,181	2,386.93	2.02	7.245	149.18	14.64	
@DENTIST	13	70	\$ 2,185.00	\$ 31.21	.429	\$ 168.08	\$ 13.40	
VISITS - DIAGNOSTIC	9	29	75.00	2.59	.178	8.33	.46	
ORAL SURGERY	5	30	1,060.00	35.33	.184	212.00	6.50	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	1	1	.00	.00	.006	.00	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	.00	
ENDODONTICS	2	2	.00	.00	.012	.00	.00	
RESTORATIVE DENTISTRY	2	5	105.00	21.00	.031	52.50	.64	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	2	3	945.00	315.00	.018	472.50	5.80	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 5,242
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y							

163 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	4	\$ 90.30	\$ 22.58	.025	\$ 90.30	\$.55
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.006	47.45	.29
EYE APPLIANCES	1	3	42.85	14.28	.018	42.85	.26
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	3	8	\$ 563.47	\$ 70.43	.049	\$ 187.82	\$ 3.46
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	73	513	\$	289,540.73	\$	564.41	3.147	\$	3966.31	\$	1776.32
HOSP INPATIENT TOTAL	17	63		247,945.30		3935.64	.387		14585.02		1521.14
HSC HOSPITALS	1	8		23,600.00		2950.00	.049		23600.00		144.79
NON-HSC HOSPITAL TOTAL	11	55		186,161.30		3384.75	.337		16923.75		1142.09
ACCOMMODATIONS	11	55		43,947.47		799.04	.337		3995.22		269.62
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	11	55		43,947.47		799.04	.337		3995.22		269.62
ANCILLARIES	11	0		142,213.83		.00	.000		12928.53		872.48
INPATIENT CROSSOVERS	6	0		38,184.00		.00	.000		6364.00		234.26
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	62	450		41,595.43		92.43	2.761		670.89		255.19
MEDICAL	16	26		769.80		29.61	.160		48.11		4.72
SURGERY	6	6		221.37		36.90	.037		36.90		1.36
PATHOLOGY	28	216		2,819.23		13.05	1.325		100.69		17.30
RADIOLOGY	22	33		2,241.88		67.94	.202		101.90		13.75
ROOM USE	27	35		1,226.51		35.04	.215		45.43		7.52
CROSSOVERS/ALL OTH OUTPTNT	36	134		34,316.64		256.09	.822		953.24		210.53
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,243
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

	163 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	73		513	\$ 289,540.73	\$ 564.41	3.147	\$ 3966.31	\$ 1776.32
COMM HOSP INPATIENT TOTAL	17		63	247,945.30	3935.64	.387	14585.02	1521.14
HSC HOSPITALS	1		8	23,600.00	2950.00	.049	23600.00	144.79
NON-HSC HOSPITALS TOTAL	11		55	186,161.30	3384.75	.337	16923.75	1142.09
ACCOMMODATIONS	11		55	43,947.47	799.04	.337	3995.22	269.62
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	11		55	43,947.47	799.04	.337	3995.22	269.62
ANCILLARIES	11		0	142,213.83	.00	.000	12928.53	872.48
INPATIENT CROSSOVERS	6		0	38,184.00	.00	.000	6364.00	234.26
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	62	450		41,595.43		92.43	2.761	670.89	255.19
MEDICAL	16	26		769.80		29.61	.160	48.11	4.72
SURGERY	6	6		221.37		36.90	.037	36.90	1.36
PATHOLOGY	28	216		2,819.23		13.05	1.325	100.69	17.30
RADIOLOGY	22	33		2,241.88		67.94	.202	101.90	13.75
ROOM USE	27	35		1,226.51		35.04	.215	45.43	7.52
CROSSOVERS/ALL OTH OUTPTNT	36	134		34,316.64		256.09	.822	953.24	210.53
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	1	0	\$	891.50	\$	.00	.000	891.50	5.47
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	1	0		891.50		.00	.000	891.50	5.47
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	7	36	\$	798.11	\$	22.17	.221	114.02	4.90
PATHOLOGY	6	30		770.51		25.68	.184	128.42	4.73
XO AND OTHERS	1	6		27.60		4.60	.037	27.60	.17
@ORGANIZED OUTPATIENT CLINIC	78	248	\$	14,211.52	\$	57.30	1.521	182.20	87.19
CLINIC	4	8		267.09		33.39	.049	66.77	1.64
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	77	240		13,944.43		58.10	1.472	181.10	85.55

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,244

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

LAKE COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

						----- MONTHLY AVERAGE -----		
163 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	52	1,407	\$ 24,404.31	\$ 17.34	8.632	\$ 469.31	\$ 149.72	
DURABLE MED. EQUIP.	1	3	580.69	193.56	.018	580.69	3.56	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	21	555	5,536.09	9.97	3.405	263.62	33.96	
AMBULANCES/AIR TRANS	17	539	3,687.48	6.84	3.307	216.91	22.62	
OTHER TRANS	2	14	47.41	3.39	.086	23.71	.29	
OTHER SERVICES	3	2	1,801.20	900.60	.012	600.40	11.05	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	22	225	16,014.83	71.18	1.380	727.95	98.25	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	2	4	38.24	9.56	.025	19.12	.23	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	1	20	1,859.80	92.99	.123	1859.80	11.41
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	8	600	374.66	.62	3.681	46.83	2.30
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	41	738	\$ 42,576.13	\$ 57.69	4.528	\$ 1038.44	\$ 261.20

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 5,245
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37		

178 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	322	2,499	\$ 190,313.56	\$ 76.16	14.039	\$ 591.04	\$ 1069.18
@PHYSICIANS SERVICES	114	1,046	\$ 44,433.28	\$ 42.48	5.876	\$ 389.77	\$ 249.63
OUTPATIENT VISITS	39	49	2,875.52	58.68	.275	73.73	16.15
OFFICE VISITS	10	15	381.44	25.43	.084	38.14	2.14
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	28	33	2,444.15	74.07	.185	87.29	13.73
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	1	1		49.93	49.93	.006	49.93	.28
INPATIENT VISITS	2	4		166.00	41.50	.022	83.00	.93
HOSPITAL VISITS	2	4		166.00	41.50	.022	83.00	.93
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	12	88		3,754.36	42.66	.494	312.86	21.09
PRINCIPAL SURGEON	7	9		2,194.52	243.84	.051	313.50	12.33
ASSISTANT SURGEON	1	1		171.18	171.18	.006	171.18	.96
ANESTHESIOLOGIST	6	78		1,388.66	17.80	.438	231.44	7.80
OUTPATIENT SURGERY	19	80		5,192.76	64.91	.449	273.30	29.17
PRINCIPAL SURGEON	12	19		3,961.12	208.48	.107	330.09	22.25
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	7	61		1,231.64	20.19	.343	175.95	6.92
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	18	36		708.11	19.67	.202	39.34	3.98
RADIOLOGY	46	76		2,391.47	31.47	.427	51.99	13.44
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	5	643		25,247.59	39.27	3.612	5049.52	141.84
OTHER SERVICES/ALL X-OVERS	13	70		4,097.47	58.54	.393	315.19	23.02
@PHARMACY	78	262	\$	38,218.12	\$ 145.87	1.472	\$ 489.98	\$ 214.71
PRESCRIPTION DRUGS	77	259		38,147.89	147.29	1.455	495.43	214.31
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	77	259		38,147.89	147.29	1.455	495.43	214.31
MEDICAL SUPPLIES	2	3		70.23	23.41	.017	35.12	.39
@DENTIST	13	51	\$	767.00	\$ 15.04	.287	\$ 59.00	\$ 4.31
VISITS - DIAGNOSTIC	7	31		117.00	3.77	.174	16.71	.66
ORAL SURGERY	1	6		275.00	45.83	.034	275.00	1.54
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	2	3		174.00	58.00	.017	87.00	.98
RESTORATIVE DENTISTRY	6	11		201.00	18.27	.062	33.50	1.13
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,246
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

178 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	6	\$ 185.20	\$ 30.87	.034	\$ 61.73	\$ 1.04
DIAGNOSTIC AND ANC. PROCED	3	3	142.35	47.45	.017	47.45	.80
EYE APPLIANCES	1	3	42.85	14.28	.017	42.85	.24
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	3	\$ 224.58	\$ 74.86	.017	\$ 224.58	\$ 1.26
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	136	829	\$ 78,235.77	\$ 94.37	4.657	\$ 575.26	\$ 439.53
HOSP INPATIENT TOTAL	11	17	56,992.70	3352.51	.096	5181.15	320.18
HSC HOSPITALS	3	3CR	9,352.00CR	3117.33	.017CR	3117.33CR	52.54CR
NON-HSC HOSPITAL TOTAL	8	20	66,344.70	3317.24	.112	8293.09	372.72
ACCOMMODATIONS	8	20	10,950.48	547.52	.112	1368.81	61.52
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	20	10,950.48	547.52	.112	1368.81	61.52
ANCILLARIES	8	0	55,394.22	.00	.000	6924.28	311.20
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	130	812	21,243.07	26.16	4.562	163.41	119.34
MEDICAL	46	82	2,193.25	26.75	.461	47.68	12.32
SURGERY	17	18	1,564.75	86.93	.101	92.04	8.79
PATHOLOGY	54	278	3,357.26	12.08	1.562	62.17	18.86
RADIOLOGY	66	109	7,428.96	68.16	.612	112.56	41.74
ROOM USE	53	86	4,037.20	46.94	.483	76.17	22.68
CROSSOVERS/ALL OTH OUTPTNT	60	239	2,661.65	11.14	1.343	44.36	14.95
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,247
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

	178 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	136	829	\$	78,235.77	\$ 94.37	4.657	\$ 575.26	\$ 439.53
COMM HOSP INPATIENT TOTAL	11	17		56,992.70	3352.51	.096	5181.15	320.18
HSC HOSPITALS	3	3CR		9,352.00CR	3117.33	.017CR	3117.33CR	52.54CR
NON-HSC HOSPITALS TOTAL	8	20		66,344.70	3317.24	.112	8293.09	372.72
ACCOMMODATIONS	8	20		10,950.48	547.52	.112	1368.81	61.52

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	20	10,950.48	547.52	.112	1368.81	61.52
ANCILLARIES	8	0	55,394.22	.00	.000	6924.28	311.20
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	130	812	21,243.07	26.16	4.562	163.41	119.34
MEDICAL	46	82	2,193.25	26.75	.461	47.68	12.32
SURGERY	17	18	1,564.75	86.93	.101	92.04	8.79
PATHOLOGY	54	278	3,357.26	12.08	1.562	62.17	18.86
RADIOLOGY	66	109	7,428.96	68.16	.612	112.56	41.74
ROOM USE	53	86	4,037.20	46.94	.483	76.17	22.68
CROSSOVERS/ALL OTH OUTPTNT	60	239	2,661.65	11.14	1.343	44.36	14.95
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	10	21	343.94	16.38	.118	34.39	1.93
PATHOLOGY	10	21	343.94	16.38	.118	34.39	1.93
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	96	146	18,753.40	128.45	.820	195.35	105.36
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	96	146	18,753.40	128.45	.820	195.35	105.36

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,248
MPO024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

					----- MONTHLY AVERAGE -----			
178 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	22	135	\$ 9,152.27	\$ 67.79	.758	\$ 416.01	\$ 51.42	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	6	79	3,310.06	41.90	.444	551.68	18.60	
AMBULANCES/AIR TRANS	6	78	1,510.06	19.36	.438	251.68	8.48	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	1	1	1,800.00	1800.00	.006	1800.00	10.11	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	7	38	5,674.50	149.33	.213	810.64	31.88
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	6	51.04	8.51	.034	17.01	.29
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	8	83.20	10.40	.045	16.64	.47
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	4	33.47	8.37	.022	16.74	.19
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	7	66	\$ 387.93	\$ 5.88	.371	\$ 55.42	\$ 2.18

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 5,249
MOPO24	FEE-FOR-SERVICE/DENTAL	03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL	

449 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	735	9,076	\$ 878,886.85	\$ 96.84	20.214	\$ 1195.76	\$ 1957.43
@PHYSICIANS SERVICES	217	1,723	\$ 62,963.66	\$ 36.54	3.837	\$ 290.16	\$ 140.23
OUTPATIENT VISITS	79	94	5,117.58	54.44	.209	64.78	11.40
OFFICE VISITS	27	34	984.22	28.95	.076	36.45	2.19
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	49	55	4,005.35	72.82	.122	81.74	8.92
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	5	5	128.01	25.60	.011	25.60	.29
INPATIENT VISITS	16	70	3,172.29	45.32	.156	198.27	7.07
HOSPITAL VISITS	16	67	2,870.19	42.84	.149	179.39	6.39
CRITICAL CARE	2	3	302.10	100.70	.007	151.05	.67
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	19	166	6,899.97	41.57	.370	363.16	15.37
PRINCIPAL SURGEON	12	16	2,917.10	182.32	.036	243.09	6.50
ASSISTANT SURGEON	4	4	967.33	241.83	.009	241.83	2.15
ANESTHESIOLOGIST	9	146	3,015.54	20.65	.325	335.06	6.72
OUTPATIENT SURGERY	31	123	7,433.42	60.43	.274	239.79	16.56
PRINCIPAL SURGEON	23	35	5,805.01	165.86	.078	252.39	12.93
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	9	88	1,628.41	18.50	.196	180.93	3.63
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	27	46	1,138.34	24.75	.102	42.16	2.54

RADIOLOGY	73	148		4,731.29	31.97	.330	64.81	10.54	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	6	646		25,271.59	39.12	1.439	4211.93	56.28	
OTHER SERVICES/ALL X-OVERS	68	430		9,199.18	21.39	.958	135.28	20.49	
@PHARMACY	283	2,662	\$	220,314.15	\$ 82.76	5.929	\$ 778.50	\$ 490.68	
PRESCRIPTION DRUGS	276	1,475		217,734.55	147.62	3.285	788.89	484.93	
SNF/ICF	34	279		15,102.54	54.13	.621	444.19	33.64	
OUTPATIENTS	242	1,196		202,632.01	169.42	2.664	837.32	451.30	
MEDICAL SUPPLIES	21	1,187		2,579.60	2.17	2.644	122.84	5.75	
@DENTIST	30	140	\$	3,377.00	\$ 24.12	.312	\$ 112.57	\$ 7.52	
VISITS - DIAGNOSTIC	18	71		192.00	2.70	.158	10.67	.43	
ORAL SURGERY	7	37		1,335.00	36.08	.082	190.71	2.97	
DRUGS	0	0		.00	.00	.000	.00	.00	
ANESTHESIA	1	1		.00	.00	.002	.00	.00	
PERIODONTICS	0	0		.00	.00	.000	.00	.00	
ENDODONTICS	5	6		434.00	72.33	.013	86.80	.97	
RESTORATIVE DENTISTRY	10	22		471.00	21.41	.049	47.10	1.05	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	2	3		945.00	315.00	.007	472.50	2.10	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 5,250
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL								

	449 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	6	16	\$	381.72	\$ 23.86	.036	\$ 63.62	\$.85
DIAGNOSTIC AND ANC. PROCED	4	4		189.80	47.45	.009	47.45	.42

EYE APPLIANCES	4	12		191.92		15.99	.027	47.98	.43
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	4	6	\$	166.11	\$	27.69	.013	\$ 41.53	\$.37
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	4	6		166.11		27.69	.013	41.53	.37
@HOME HEALTH AGENCY	4	11	\$	788.05	\$	71.64	.024	\$ 197.01	\$ 1.76
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	237	1,528	\$	433,003.02	\$	283.38	3.403	\$ 1827.02	\$ 964.37
HOSP INPATIENT TOTAL	37	107		365,839.31		3419.06	.238	9887.55	814.79
HSC HOSPITALS	5	16		30,553.00		1909.56	.036	6110.60	68.05
NON-HSC HOSPITAL TOTAL	21	91		289,737.91		3183.93	.203	13797.04	645.30
ACCOMMODATIONS	21	91		65,407.48		718.76	.203	3114.64	145.67
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	21	91		65,407.48		718.76	.203	3114.64	145.67
ANCILLARIES	21	0		224,330.43		.00	.000	10682.40	499.62
INPATIENT CROSSOVERS	12	0		45,548.40		.00	.000	3795.70	101.44
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	213	1,421		67,163.71		47.27	3.165	315.32	149.59
MEDICAL	62	108		2,963.05		27.44	.241	47.79	6.60
SURGERY	23	24		1,786.12		74.42	.053	77.66	3.98
PATHOLOGY	83	498		6,204.62		12.46	1.109	74.75	13.82
RADIOLOGY	89	144		9,705.74		67.40	.321	109.05	21.62
ROOM USE	80	121		5,263.71		43.50	.269	65.80	11.72
CROSSOVERS/ALL OTH OUTPTNT	116	526		41,240.47		78.40	1.171	355.52	91.85
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,251
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

449 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST UNITS/DAYS

----- MONTHLY AVERAGE -----

COST PER COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	237	1,528	\$	433,003.02	\$ 283.38	3.403	\$ 1827.02	\$ 964.37
COMM HOSP INPATIENT TOTAL	37	107		365,839.31	3419.06	.238	9887.55	814.79
HSC HOSPITALS	5	16		30,553.00	1909.56	.036	6110.60	68.05
NON-HSC HOSPITALS TOTAL	21	91		289,737.91	3183.93	.203	13797.04	645.30
ACCOMMODATIONS	21	91		65,407.48	718.76	.203	3114.64	145.67
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	21	91		65,407.48	718.76	.203	3114.64	145.67
ANCILLARIES	21	0		224,330.43	.00	.000	10682.40	499.62
INPATIENT CROSSOVERS	12	0		45,548.40	.00	.000	3795.70	101.44
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	213	1,421		67,163.71	47.27	3.165	315.32	149.59
MEDICAL	62	108		2,963.05	27.44	.241	47.79	6.60
SURGERY	23	24		1,786.12	74.42	.053	77.66	3.98
PATHOLOGY	83	498		6,204.62	12.46	1.109	74.75	13.82
RADIOLOGY	89	144		9,705.74	67.40	.321	109.05	21.62
ROOM USE	80	121		5,263.71	43.50	.269	65.80	11.72
CROSSOVERS/ALL OTH OUTPTNT	116	526		41,240.47	78.40	1.171	355.52	91.85
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	39	701	\$	80,767.52	\$ 115.22	1.561	\$ 2070.96	\$ 179.88
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	39	701		80,767.52	115.22	1.561	2070.96	179.88
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	17	57	\$	1,142.05	\$ 20.04	.127	\$ 67.18	\$ 2.54
PATHOLOGY	16	51		1,114.45	21.85	.114	69.65	2.48
XO AND OTHERS	1	6		27.60	4.60	.013	27.60	.06
@ORGANIZED OUTPATIENT CLINIC	194	441	\$	35,610.56	\$ 80.75	.982	\$ 183.56	\$ 79.31
CLINIC	4	8		267.09	33.39	.018	66.77	.59
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	193	433		35,343.47	81.62	.964	183.13	78.72

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,252
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

449 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	85	1,791	\$ 40,373.01	\$ 22.54	3.989	\$ 474.98	\$ 89.92
DURABLE MED. EQUIP.	1	3	580.69	193.56	.007	580.69	1.29
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	32	816	9,898.99	12.13	1.817	309.34	22.05
AMBULANCES/AIR TRANS	26	782	6,166.50	7.89	1.742	237.17	13.73
OTHER TRANS	5	23	92.54	4.02	.051	18.51	.21
OTHER SERVICES	6	11	3,639.95	330.90	.024	606.66	8.11
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	1	21	1,471.62	70.08	.047	1471.62	3.28
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	31	274	23,307.68	85.06	.610	751.86	51.91
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	7	15	140.30	9.35	.033	20.04	.31
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	2	50	4,482.40	89.65	.111	2241.20	9.98
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	8	83.20	10.40	.018	16.64	.19
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	10	604	408.13	.68	1.345	40.81	.91
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	108	1,268	66,015.52	52.06	2.824	611.25	147.03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,253
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13

	1,818 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,892	67,686	\$	5,352,783.03	\$ 79.08	37.231	\$ 2829.17	\$ 2944.33
@PHYSICIANS SERVICES	153	260	\$	4,170.92	\$ 16.04	.143	\$ 27.26	\$ 2.29
OUTPATIENT VISITS	3	3		154.80	51.60	.002	51.60	.09
OFFICE VISITS	1	1		18.10	18.10	.001	18.10	.01
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2		136.70	68.35	.001	68.35	.08
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	7	11		324.90	29.54	.006	46.41	.18
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	7	11		324.90	29.54	.006	46.41	.18
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00

OUTPATIENT SURGERY	1	1		147.57	147.57	.001	147.57	.08
PRINCIPAL SURGEON	1	1		147.57	147.57	.001	147.57	.08
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	144	245		3,543.65	14.46	.135	24.61	1.95
@PHARMACY	1,525	11,019	\$	596,520.95	\$ 54.14	6.061	\$ 391.16	\$ 328.12
PRESCRIPTION DRUGS	1,520	10,655		593,045.62	55.66	5.861	390.16	326.21
SNF/ICF	1,485	10,532		591,362.20	56.15	5.793	398.22	325.28
OUTPATIENTS	40	123		1,683.42	13.69	.068	42.09	.93
MEDICAL SUPPLIES	57	364		3,475.33	9.55	.200	60.97	1.91
@DENTIST	138	218	\$	11,068.00	\$ 50.77	.120	\$ 80.20	\$ 6.09
VISITS - DIAGNOSTIC	137	183		5,110.00	27.92	.101	37.30	2.81
ORAL SURGERY	2	15		718.00	47.87	.008	359.00	.39
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	1	1		100.00	100.00	.001	100.00	.06
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	10	19		5,140.00	270.53	.010	514.00	2.83
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 5,254
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED							
	AID CODE 13							

----- MONTHLY AVERAGE -----								
1,818 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	26	76	\$ 1,290.43	\$ 16.98	.042	\$ 49.63	\$.71	
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.001	47.45	.03	
EYE APPLIANCES	25	73	1,218.73	16.69	.040	48.75	.67	
OTHER OPTOMETRIC SERVICES	1	2	24.25	12.13	.001	24.25	.01	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	233	328	\$ 1,566.71	\$ 4.78	.180	\$ 6.72	\$.86	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	233	328	1,566.71	4.78	.180	6.72	.86	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	83	485	\$ 20,595.31	\$ 42.46	.267	\$ 248.14	\$ 11.33	
HOSP INPATIENT TOTAL	20	0	13,990.26	.00	.000	699.51	7.70	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	20	0	13,990.26	.00	.000	699.51	7.70
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	75	485	6,605.05	13.62	.267	88.07	3.63
MEDICAL	2	2	281.66	140.83	.001	140.83	.15
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	15	146.77	9.78	.008	36.69	.08
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	70	468	6,176.62	13.20	.257	88.24	3.40
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
1,818 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	83	485	\$ 20,595.31	\$ 42.46	.267	\$ 248.14	\$ 11.33
COMM HOSP INPATIENT TOTAL	20	0	13,990.26	.00	.000	699.51	7.70
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	20	0	13,990.26	.00	.000	699.51	7.70
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	75	485	6,605.05	13.62	.267	88.07	3.63
MEDICAL	2	2	281.66	140.83	.001	140.83	.15
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	15	146.77	9.78	.008	36.69	.08
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	70	468	6,176.62	13.20	.257	88.24	3.40
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1,566	45,277	\$ 4,530,421.24	\$ 100.06	24.905	\$ 2892.99	\$ 2491.98
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	14	610	67,514.20	110.68	.336	4822.44	37.14
LEV B-SUBACUTE FREESTANDING	1	44	12,131.84	275.72	.024	12131.84	6.67
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1,551	44,623	4,450,775.20	99.74	24.545	2869.62	2448.17
@INTERMEDIATE CARE FACIL.-DD	9	244	\$ 34,328.80	\$ 140.69	.134	\$ 3814.31	\$ 18.88
ICF DDH	9	244	34,328.80	140.69	.134	3814.31	18.88
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	3	\$ 45.93	\$ 15.31	.002	\$ 22.97	\$.03
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	2	3	45.93	15.31	.002	22.97	.03
@ORGANIZED OUTPATIENT CLINIC	52	75	\$ 7,458.36	\$ 99.44	.041	\$ 143.43	\$ 4.10
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	1	3	492.27	164.09	.002	492.27	.27
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	51	72	6,966.09	96.75	.040	136.59	3.83
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 5,256
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED						AID CODE 13

1,818 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	292	9,701	\$ 145,316.38	\$ 14.98	5.336	\$ 497.66	\$ 79.93
DURABLE MED. EQUIP.	77	578	56,554.67	97.85	.318	734.48	31.11
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2	617.82	308.91	.001	308.91	.34
MEDICAL TRANSPORTATION	66	511	3,810.26	7.46	.281	57.73	2.10
AMBULANCES/AIR TRANS	14	114	1,704.39	14.95	.063	121.74	.94
OTHER TRANS	56	381	1,934.43	5.08	.210	34.54	1.06
OTHER SERVICES	4	16	171.44	10.72	.009	42.86	.09
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	29	60	723.23	12.05	.033	24.94	.40
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	7	16	9.33	.58	.009	1.33	.01
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	56	137	9,027.87	65.90	.075	161.21	4.97
HOSPICE SERVICES	27	800	69,666.95	87.08	.440	2580.26	38.32
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	44	7,597	4,906.25	.65	4.179	111.51	2.70
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	648	1,295	\$ 111,604.15	\$ 86.18	.712	\$ 172.23	\$ 61.39

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
LAKE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND

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09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	5	105	\$ 10,898.64	\$ 103.80	11.667	\$ 2179.73	\$ 1210.96
@PHYSICIANS SERVICES	0	0	.00	.00	.000	.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	3	14	\$	1,491.07	\$ 106.51	1.556	\$ 497.02	\$ 165.67
PRESCRIPTION DRUGS	3	14		1,491.07	106.51	1.556	497.02	165.67
SNF/ICF	3	14		1,491.07	106.51	1.556	497.02	165.67
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	5	91	\$	9,407.57	\$ 103.38	10.111	\$ 1881.51	\$ 1045.29
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	5	91		9,407.57	103.38	10.111	1881.51	1045.29
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,260
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	2	0	\$ 275.97	\$.00	.000	\$ 137.99	\$ 30.66

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 5,261
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED	AID CODE 63

210 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	213	7,460	\$ 967,659.13	\$ 129.71	35.524	\$ 4543.00	\$ 4607.90
@PHYSICIANS SERVICES	38	97	\$ 1,575.07	\$ 16.24	.462	\$ 41.45	\$ 7.50
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	14	21		454.24	21.63	.100	32.45	2.16
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	14	21		454.24	21.63	.100	32.45	2.16
OPHTHALMOLOGICAL SERVICES	1	1		37.15	37.15	.005	37.15	.18
EXAMINATIONS	1	1		37.15	37.15	.005	37.15	.18
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	3		504.60	168.20	.014	504.60	2.40
PRINCIPAL SURGEON	1	1		413.25	413.25	.005	413.25	1.97
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	2		91.35	45.68	.010	91.35	.44
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	24	72		579.08	8.04	.343	24.13	2.76
@PHARMACY	167	1,077	\$	88,124.65	\$ 81.82	5.129	\$ 527.69	\$ 419.64
PRESCRIPTION DRUGS	166	1,076		88,107.61	81.88	5.124	530.77	419.56
SNF/ICF	126	975		82,266.98	84.38	4.643	652.91	391.75
OUTPATIENTS	40	101		5,840.63	57.83	.481	146.02	27.81
MEDICAL SUPPLIES	1	1		17.04	17.04	.005	17.04	.08
@DENTIST	13	16	\$	1,300.00	\$ 81.25	.076	\$ 100.00	\$ 6.19
VISITS - DIAGNOSTIC	12	14		400.00	28.57	.067	33.33	1.90
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2		900.00	450.00	.010	900.00	4.29
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,262
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

210 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	5	15	\$ 289.22	\$ 19.28	.071	\$ 57.84	\$ 1.38
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.010	47.45	.45
EYE APPLIANCES	5	13	194.32	14.95	.062	38.86	.93
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	23	26	\$ 133.87	\$ 5.15	.124	\$ 5.82	\$.64

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	23	26	133.87	5.15	.124	5.82	.64
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	16	121	\$ 81,523.40	\$ 673.75	.576	\$ 5095.21	\$ 388.21
HOSP INPATIENT TOTAL	4	64	80,713.82	1261.15	.305	20178.46	384.35
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	64	78,961.82	1233.78	.305	39480.91	376.01
ACCOMMODATIONS	2	64	29,507.40	461.05	.305	14753.70	140.51
ADMINISTRATIVE DAYS	1	22	5,088.60	231.30	.105	5088.60	24.23
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	42	24,418.80	581.40	.200	24418.80	116.28
ANCILLARIES	2	0	49,454.42	.00	.000	24727.21	235.50
INPATIENT CROSSOVERS	2	0	1,752.00	.00	.000	876.00	8.34
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	14	57	809.58	14.20	.271	57.83	3.86
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	7	10	88.54	8.85	.048	12.65	.42
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	7	47	721.04	15.34	.224	103.01	3.43
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,263
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

	210 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	16	121	\$	81,523.40	\$ 673.75	.576	\$ 5095.21	\$ 388.21
COMM HOSP INPATIENT TOTAL	4	64		80,713.82	1261.15	.305	20178.46	384.35
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	64		78,961.82	1233.78	.305	39480.91	376.01
ACCOMMODATIONS	2	64		29,507.40	461.05	.305	14753.70	140.51

ADMINISTRATIVE DAYS	1	22		5,088.60	231.30	.105	5088.60	24.23
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	42		24,418.80	581.40	.200	24418.80	116.28
ANCILLARIES	2	0		49,454.42	.00	.000	24727.21	235.50
INPATIENT CROSSOVERS	2	0		1,752.00	.00	.000	876.00	8.34
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	14	57		809.58	14.20	.271	57.83	3.86
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	7	10		88.54	8.85	.048	12.65	.42
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	7	47		721.04	15.34	.224	103.01	3.43
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	132	3,901	\$	556,558.17	142.67	18.576	4216.35	2650.28
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	3	231		122,017.56	528.21	1.100	40672.52	581.04
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	130	3,670		434,540.61	118.40	17.476	3342.62	2069.24
@INTERMEDIATE CARE FACIL.-DD	52	1,533	\$	232,079.44	151.39	7.300	4463.07	1105.14
ICF DDH	52	1,533		232,079.44	151.39	7.300	4463.07	1105.14
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	33	45	\$	1,920.33	42.67	.214	58.19	9.14
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	1	4		118.79	29.70	.019	118.79	.57
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	33	41		1,801.54	43.94	.195	54.59	8.58

#CALIF DEPT OF HEALTH SERV MPO024 LAKE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

		----- MONTHLY AVERAGE -----						
210 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	31	629	\$ 4,154.98	\$ 6.61	2.995	\$ 134.03	\$ 19.79	
DURABLE MED. EQUIP.	2	7	1,769.17	252.74	.033	884.59	8.42	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	4	175	183.73	1.05	.833	45.93	.87	
AMBULANCES/AIR TRANS	1	7	128.46	18.35	.033	128.46	.61	
OTHER TRANS	3	17	109.73	6.45	.081	36.58	.52	
OTHER SERVICES	2	151	54.46CR	.36CR	.719	27.23CR	.26CR	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	15	145.67	9.71	.071	29.13	.69
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	15	29	1,650.12	56.90	.138	110.01	7.86
HOSPICE SERVICES	1	1	113.62	113.62	.005	113.62	.54
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	402	292.67	.73	1.914	58.53	1.39
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	68	298	\$ 15,632.99	\$ 52.46	1.419	\$ 229.90	\$ 74.44

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,265
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 LAKE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00

EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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 MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
 LAKE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

00 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST UNITS/DAYS

COST PER

COST PER

----- MONTHLY AVERAGE -----

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00 .00
HSC HOSPITALS	0	0		.00	.00	.000	.00 .00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00 .00
ACCOMMODATIONS	0	0		.00	.00	.000	.00 .00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00 .00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00 .00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00 .00
ANCILLARIES	0	0		.00	.00	.000	.00 .00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00 .00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00 .00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00 .00
MEDICAL	0	0		.00	.00	.000	.00 .00
SURGERY	0	0		.00	.00	.000	.00 .00
PATHOLOGY	0	0		.00	.00	.000	.00 .00
RADIOLOGY	0	0		.00	.00	.000	.00 .00
ROOM USE	0	0		.00	.00	.000	.00 .00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00 .00
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
MENTALLY ILL	0	0		.00	.00	.000	.00 .00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00 .00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00 .00
LEV B-REHAB MD	0	0		.00	.00	.000	.00 .00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00 .00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00 .00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00 .00
LEV B-REGULAR	0	0		.00	.00	.000	.00 .00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
ICF DDH	0	0		.00	.00	.000	.00 .00
ICF DD	0	0		.00	.00	.000	.00 .00
ICF DDN/DDCN	0	0		.00	.00	.000	.00 .00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00 .00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00 .00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00 .00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00 .00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
PATHOLOGY	0	0		.00	.00	.000	.00 .00
XO AND OTHERS	0	0		.00	.00	.000	.00 .00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
CLINIC	0	0		.00	.00	.000	.00 .00
SURGICENTER	0	0		.00	.00	.000	.00 .00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00 .00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00 .00
#CALIF DEPT OF HEALTH SERV							
MOP024							
LAKE COUNTY							

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

----- MONTHLY AVERAGE -----
 00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER
 OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

@ALL OTHER PROVIDERS	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00 .00
BLOOD BANK	0	0		.00	.00	.000	.00 .00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
 MOP024 FEE-FOR-SERVICE/DENTAL
 LAKE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

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					----- MONTHLY AVERAGE -----			
2,037 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	2,110	75,251	\$ 6,331,340.80	\$ 84.14	36.942	\$ 3000.64	\$ 3108.17	
@PHYSICIANS SERVICES	191	357	\$ 5,745.99	\$ 16.10	.175	\$ 30.08	\$ 2.82	
OUTPATIENT VISITS	3	3	154.80	51.60	.001	51.60	.08	
OFFICE VISITS	1	1	18.10	18.10	.000	18.10	.01	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	2	2	136.70	68.35	.001	68.35	.07	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	21	32	779.14	24.35	.016	37.10	.38	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	21	32	779.14	24.35	.016	37.10	.38	
OPHTHALMOLOGICAL SERVICES	1	1	37.15	37.15	.000	37.15	.02	
EXAMINATIONS	1	1	37.15	37.15	.000	37.15	.02	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	

OUTPATIENT SURGERY	2	4	652.17	163.04	.002	326.09	.32
PRINCIPAL SURGEON	2	2	560.82	280.41	.001	280.41	.28
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	2	91.35	45.68	.001	91.35	.04
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	168	317	4,122.73	13.01	.156	24.54	2.02
@PHARMACY	1,695	12,110	\$ 686,136.67	\$ 56.66	5.945	\$ 404.80	\$ 336.84
PRESCRIPTION DRUGS	1,689	11,745	682,644.30	58.12	5.766	404.17	335.12
SNF/ICF	1,614	11,521	675,120.25	58.60	5.656	418.29	331.43
OUTPATIENTS	80	224	7,524.05	33.59	.110	94.05	3.69
MEDICAL SUPPLIES	58	365	3,492.37	9.57	.179	60.21	1.71
@DENTIST	151	234	\$ 12,368.00	\$ 52.85	.115	\$ 81.91	\$ 6.07
VISITS - DIAGNOSTIC	149	197	5,510.00	27.97	.097	36.98	2.70
ORAL SURGERY	2	15	718.00	47.87	.007	359.00	.35
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.05
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	11	21	6,040.00	287.62	.010	549.09	2.97
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL

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LAKE COUNTY

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

2,037 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	31	91	\$ 1,579.65	\$ 17.36	.045	\$ 50.96	\$.78
DIAGNOSTIC AND ANC. PROCED	3	3	142.35	47.45	.001	47.45	.07
EYE APPLIANCES	30	86	1,413.05	16.43	.042	47.10	.69
OTHER OPTOMETRIC SERVICES	1	2	24.25	12.13	.001	24.25	.01
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	256	354	\$ 1,700.58	\$ 4.80	.174	\$ 6.64	\$.83
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	256	354	1,700.58	4.80	.174	6.64	.83
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	99	606	\$ 102,118.71	\$ 168.51	.297	\$ 1031.50	\$ 50.13
HOSP INPATIENT TOTAL	24	64	94,704.08	1479.75	.031	3946.00	46.49
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	64	78,961.82	1233.78	.031	39480.91	38.76
ACCOMMODATIONS	2	64	29,507.40	461.05	.031	14753.70	14.49
ADMINISTRATIVE DAYS	1	22	5,088.60	231.30	.011	5088.60	2.50
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	42	24,418.80	581.40	.021	24418.80	11.99
ANCILLARIES	2	0	49,454.42	.00	.000	24727.21	24.28
INPATIENT CROSSOVERS	22	0	15,742.26	.00	.000	715.56	7.73
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	89	542	7,414.63	13.68	.266	83.31	3.64
MEDICAL	2	2	281.66	140.83	.001	140.83	.14
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	11	25	235.31	9.41	.012	21.39	.12
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	77	515	6,897.66	13.39	.253	89.58	3.39
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
2,037 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	99	606	\$ 102,118.71	\$ 168.51	.297	\$ 1031.50	\$ 50.13
COMM HOSP INPATIENT TOTAL	24	64	94,704.08	1479.75	.031	3946.00	46.49
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	64	78,961.82	1233.78	.031	39480.91	38.76
ACCOMMODATIONS	2	64	29,507.40	461.05	.031	14753.70	14.49
ADMINISTRATIVE DAYS	1	22	5,088.60	231.30	.011	5088.60	2.50
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	42	24,418.80	581.40	.021	24418.80	11.99
ANCILLARIES	2	0	49,454.42	.00	.000	24727.21	24.28
INPATIENT CROSSOVERS	22	0	15,742.26	.00	.000	715.56	7.73
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	89	542	7,414.63	13.68	.266	83.31	3.64
MEDICAL	2	2	281.66	140.83	.001	140.83	.14
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	11	25	235.31	9.41	.012	21.39	.12
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	77	515	6,897.66	13.39	.253	89.58	3.39
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1,703	49,269	\$ 5,096,386.98	\$ 103.44	24.187	\$ 2992.59	\$ 2501.91
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	14	610	67,514.20	110.68	.299	4822.44	33.14
LEV B-SUBACUTE FREESTANDING	1	44	12,131.84	275.72	.022	12131.84	5.96
LEV B-SUBACUTE HSPTL BASED	3	231	122,017.56	528.21	.113	40672.52	59.90
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1,686	48,384	4,894,723.38	101.16	23.753	2903.16	2402.91
@INTERMEDIATE CARE FACIL.-DD	61	1,777	\$ 266,408.24	\$ 149.92	.872	\$ 4367.35	\$ 130.78
ICF DDH	61	1,777	266,408.24	149.92	.872	4367.35	130.78
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	3	\$ 45.93	\$ 15.31	.001	\$ 22.97	\$.02
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	2	3	45.93	15.31	.001	22.97	.02
@ORGANIZED OUTPATIENT CLINIC	85	120	\$ 9,378.69	\$ 78.16	.059	\$ 110.34	\$ 4.60
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	2	7	611.06	87.29	.003	305.53	.30
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	84	113	8,767.63	77.59	.055	104.38	4.30
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 5,272
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL						

2,037 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	323	10,330	\$ 149,471.36	\$ 14.47	5.071	\$ 462.76	\$ 73.38
DURABLE MED. EQUIP.	79	585	58,323.84	99.70	.287	738.28	28.63
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2	617.82	308.91	.001	308.91	.30
MEDICAL TRANSPORTATION	70	686	3,993.99	5.82	.337	57.06	1.96
AMBULANCES/AIR TRANS	15	121	1,832.85	15.15	.059	122.19	.90
OTHER TRANS	59	398	2,044.16	5.14	.195	34.65	1.00
OTHER SERVICES	6	167	116.98	.70	.082	19.50	.06
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	34	75	868.90	11.59	.037	25.56	.43
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	7	16	9.33	.58	.008	1.33	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	71	166	10,677.99	64.33	.081	150.39	5.24
HOSPICE SERVICES	28	801	69,780.57	87.12	.393	2492.16	34.26
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	49	7,999	5,198.92	.65	3.927	106.10	2.55
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	718	1,593	\$ 127,513.11	\$ 80.05	.782	\$ 177.59	\$ 62.60

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
LAKE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

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5,926 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	5,546	109,674	\$ 7,071,084.52	\$ 64.47	18.507	\$ 1274.99	\$ 1193.23
@PHYSICIANS SERVICES	821	2,923	\$ 54,589.69	\$ 18.68	.493	\$ 66.49	\$ 9.21
OUTPATIENT VISITS	55	87	4,205.90	48.34	.015	76.47	.71
OFFICE VISITS	31	49	1,447.40	29.54	.008	46.69	.24
HOME VISITS	1	1	34.30	34.30	.000	34.30	.01
EMERGENCY ROOM	25	37	2,724.20	73.63	.006	108.97	.46
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	24	59	2,386.66	40.45	.010	99.44	.40
HOSPITAL VISITS	13	39	1,827.43	46.86	.007	140.57	.31
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	12	20	559.23	27.96	.003	46.60	.09
OPHTHALMOLOGICAL SERVICES	14	15	548.36	36.56	.003	39.17	.09

EXAMINATIONS	14	15	548.36	36.56	.003	39.17	.09
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	42	3,693.83	87.95	.007	615.64	.62
PRINCIPAL SURGEON	4	11	3,118.60	283.51	.002	779.65	.53
ASSISTANT SURGEON	1	1	71.85	71.85	.000	71.85	.01
ANESTHESIOLOGIST	2	30	503.38	16.78	.005	251.69	.08
OUTPATIENT SURGERY	16	47	3,668.60	78.06	.008	229.29	.62
PRINCIPAL SURGEON	15	27	3,331.94	123.41	.005	222.13	.56
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	20	336.66	16.83	.003	168.33	.06
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	6	7	202.92	28.99	.001	33.82	.03
RADIOLOGY	41	93	2,781.32	29.91	.016	67.84	.47
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	2	43.76	21.88	.000	21.88	.01
OTHER SERVICES/ALL X-OVERS	733	2,571	37,058.34	14.41	.434	50.56	6.25
@PHARMACY	4,344	29,532	\$ 1,344,443.83	\$ 45.52	4.983	\$ 309.49	\$ 226.87
PRESCRIPTION DRUGS	4,294	22,045	1,307,430.01	59.31	3.720	304.48	220.63
SNF/ICF	1,571	11,154	619,239.13	55.52	1.882	394.17	104.50
OUTPATIENTS	2,731	10,891	688,190.88	63.19	1.838	251.99	116.13
MEDICAL SUPPLIES	310	7,487	37,013.82	4.94	1.263	119.40	6.25
@DENTIST	194	440	\$ 21,976.50	\$ 49.95	.074	\$ 113.28	\$ 3.71
VISITS - DIAGNOSTIC	174	305	6,759.50	22.16	.051	38.85	1.14
ORAL SURGERY	6	46	2,158.00	46.91	.008	359.67	.36
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	3	3	400.00	133.33	.001	133.33	.07
PERIODONTICS	2	2	236.00	118.00	.000	118.00	.04
ENDODONTICS	5	7	1,451.00	207.29	.001	290.20	.24
RESTORATIVE DENTISTRY	13	37	2,285.00	61.76	.006	175.77	.39
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	17	42	8,687.00	206.83	.007	511.00	1.47
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	2CR	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
LAKE COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED						

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	5,926 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
						UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	141	367	\$	7,226.41	\$ 19.69	.062	\$ 51.25	\$ 1.22
DIAGNOSTIC AND ANC. PROCED	5	5		256.90	51.38	.001	51.38	.04
EYE APPLIANCES	129	334		6,395.17	19.15	.056	49.57	1.08
OTHER OPTOMETRIC SERVICES	15	28		574.34	20.51	.005	38.29	.10
@CHIROPRACTOR	7	12	\$	161.69	\$ 13.47	.002	\$ 23.10	\$.03
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	7	12		161.69	13.47	.002	23.10	.03
@PODIATRIST	247	349	\$	1,847.55	\$ 5.29	.059	\$ 7.48	\$.31
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	247	349		1,847.55	5.29	.059	7.48	.31
@HOME HEALTH AGENCY	4	22	\$	1,551.44	\$ 70.52	.004	\$ 387.86	\$.26
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	752	4,731	\$	429,564.00	\$	90.80	.798	\$	571.23	\$	72.49
HOSP INPATIENT TOTAL	105	124		350,073.61		2823.17	.021		3334.03		59.07
HSC HOSPITALS	3	24		30,079.00		1253.29	.004		10026.33		5.08
NON-HSC HOSPITAL TOTAL	19	100		244,151.38		2441.51	.017		12850.07		41.20
ACCOMMODATIONS	19	100		81,985.85		819.86	.017		4315.04		13.83
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	19	100		81,985.85		819.86	.017		4315.04		13.83
ANCILLARIES	19	0		162,165.53		.00	.000		8535.03		27.37
INPATIENT CROSSOVERS	83	0		75,843.23		.00	.000		913.77		12.80
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	697	4,607		79,490.39		17.25	.777		114.05		13.41
MEDICAL	12	17		1,119.71		65.87	.003		93.31		.19
SURGERY	4	4		240.83		60.21	.001		60.21		.04
PATHOLOGY	35	135		1,662.23		12.31	.023		47.49		.28
RADIOLOGY	32	49		3,113.48		63.54	.008		97.30		.53
ROOM USE	20	22		1,023.91		46.54	.004		51.20		.17
CROSSOVERS/ALL OTH OUTPTNT	651	4,380		72,330.23		16.51	.739		111.11		12.21
@COUNTY HOSPITAL TOTAL	1	2	\$	63.19	\$	31.60	.000	\$	63.19	\$	.01
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	1	2	63.19	31.60	.000	63.19	.01
MEDICAL	1	1	27.50	27.50	.000	27.50	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	35.69	35.69	.000	35.69	.01
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

5,926 ELIGIBLES						----- MONTHLY AVERAGE -----			
	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@COMMUNITY HOSPITAL TOTAL	751	4,729	\$ 429,500.81	\$ 90.82	.798	\$ 571.91	\$ 72.48		
COMM HOSP INPATIENT TOTAL	105	124	350,073.61	2823.17	.021	3334.03	59.07		
HSC HOSPITALS	3	24	30,079.00	1253.29	.004	10026.33	5.08		
NON-HSC HOSPITALS TOTAL	19	100	244,151.38	2441.51	.017	12850.07	41.20		
ACCOMMODATIONS	19	100	81,985.85	819.86	.017	4315.04	13.83		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	19	100	81,985.85	819.86	.017	4315.04	13.83		
ANCILLARIES	19	0	162,165.53	.00	.000	8535.03	27.37		
INPATIENT CROSSOVERS	83	0	75,843.23	.00	.000	913.77	12.80		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
COMM HOSP OUTPATIENT TOTAL	696	4,605	79,427.20	17.25	.777	114.12	13.40		
MEDICAL	11	16	1,092.21	68.26	.003	99.29	.18		
SURGERY	4	4	240.83	60.21	.001	60.21	.04		
PATHOLOGY	35	135	1,662.23	12.31	.023	47.49	.28		
RADIOLOGY	32	49	3,113.48	63.54	.008	97.30	.53		
ROOM USE	19	21	988.22	47.06	.004	52.01	.17		
CROSSOVERS/ALL OTH OUTPTNT	651	4,380	72,330.23	16.51	.739	111.11	12.21		
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00		
MENTALLY ILL	0	0	.00	.00	.000	.00	.00		
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00		
@NURSING FACILITY	1,671	47,441	\$ 4,822,796.67	\$ 101.66	8.006	\$ 2886.17	\$ 813.84		
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00		
LEV B-REHAB MD	14	610	67,514.20	110.68	.103	4822.44	11.39		
LEV B-SUBACUTE FREESTANDING	1	44	12,131.84	275.72	.007	12131.84	2.05		
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00		
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
LEV B-REGULAR	1,656	46,787	4,743,150.63	101.38	7.895	2864.22	800.40		
@INTERMEDIATE CARE FACIL.-DD	9	244	\$ 34,328.80	\$ 140.69	.041	\$ 3814.31	\$ 5.79		
ICF DDH	9	244	34,328.80	140.69	.041	3814.31	5.79		
ICF DD	0	0	.00	.00	.000	.00	.00		
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00		
@HEMODIALYSIS TOTAL	1	1	\$ 432.25	\$ 432.25	.000	\$ 432.25	\$.07		
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00		
HEMODIALYSIS CENTER	1	1	432.25	432.25	.000	432.25	.07		
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00		
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00		
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00		
@LABORATORY FACILITY	9	26	\$ 246.97	\$ 9.50	.004	\$ 27.44	\$.04		
PATHOLOGY	7	23	201.04	8.74	.004	28.72	.03		
XO AND OTHERS	2	3	45.93	15.31	.001	22.97	.01		
@ORGANIZED OUTPATIENT CLINIC	994	1,686	\$ 127,291.33	\$ 75.50	.285	\$ 128.06	\$ 21.48		
CLINIC	7	15	348.56	23.24	.003	49.79	.06		

SURGICENTER	5	7	1,335.91	190.84	.001	267.18	.23
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	983	1,664	125,606.86	75.48	.281	127.78	21.20

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,276
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

5,926 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	762	21,900	\$ 224,627.39	\$ 10.26	3.696	\$ 294.79	\$ 37.91
DURABLE MED. EQUIP.	83	620	57,756.22	93.16	.105	695.86	9.75
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2	617.82	308.91	.000	308.91	.10
MEDICAL TRANSPORTATION	101	9,694	23,717.97	2.45	1.636	234.83	4.00
AMBULANCES/AIR TRANS	32	460	4,991.70	10.85	.078	155.99	.84
OTHER TRANS	73	9,181	18,325.52	2.00	1.549	251.03	3.09
OTHER SERVICES	10	53	400.75	7.56	.009	40.08	.07
ACUPUNCTURE	5	10	173.01	17.30	.002	34.60	.03
ADULT DAY HEALTH CARE CTR	13	186	12,952.32	69.64	.031	996.33	2.19
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	48	186	17,774.51	95.56	.031	370.30	3.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	144	336	3,879.04	11.54	.057	26.94	.65
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	7	16	9.33	.58	.003	1.33	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	87	201	16,787.14	83.52	.034	192.96	2.83
HOSPICE SERVICES	29	832	72,533.21	87.18	.140	2501.15	12.24
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	292	9,817	18,426.82	1.88	1.657	63.11	3.11
@CALIF. CHILDREN SERVICES*	1	1	\$ 44.60	\$ 44.60	.000	\$ 44.60	\$.01
@XOVER EXCLUDING STATE HOSP**	1,864	11,395	\$ 338,444.73	\$ 29.70	1.923	\$ 181.57	\$ 57.11

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 5,277
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND	

27 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	7	119	\$ 11,062.84	\$ 92.97	4.407	\$ 1580.41	\$ 409.73
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	3	14	\$	1,491.07	\$ 106.51	.519	\$ 497.02	\$ 55.22
PRESCRIPTION DRUGS	3	14		1,491.07	106.51	.519	497.02	55.22
SNF/ICF	3	14		1,491.07	106.51	.519	497.02	55.22
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,278
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

27 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1	13	\$ 150.16	\$ 11.55	.481	\$ 150.16	\$ 5.56
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	13	150.16	11.55	.481	150.16	5.56
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	13	150.16	11.55	.481	150.16	5.56
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,279
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

	27 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1		13	\$ 150.16	\$ 11.55	.481	\$ 150.16	\$ 5.56
COMM HOSP INPATIENT TOTAL	0		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	13		150.16	11.55	.481	150.16	5.56
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	13		150.16	11.55	.481	150.16	5.56
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	5	91	\$	9,407.57	\$ 103.38	3.370	\$ 1881.51	\$ 348.43
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	5	91		9,407.57	103.38	3.370	1881.51	348.43
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	14.04	\$ 14.04	.037	\$ 14.04	\$.52
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1		14.04	14.04	.037	14.04	.52

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,280
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

	27 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	3	13	\$	426.13	\$ 32.78	.481	\$ 142.04	\$ 15.78

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,281
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

	3,795 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,802	72,161	\$	3,861,908.39	\$ 53.52	19.015	\$ 1015.76	\$ 1017.63
@PHYSICIANS SERVICES	871	3,122	\$	104,044.13	\$ 33.33	.823	\$ 119.45	\$ 27.42

OUTPATIENT VISITS	279	358	16,121.02	45.03	.094	57.78	4.25
OFFICE VISITS	180	230	8,065.66	35.07	.061	44.81	2.13
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	103	118	7,765.80	65.81	.031	75.40	2.05
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	10	10	289.56	28.96	.003	28.96	.08
INPATIENT VISITS	62	244	10,360.56	42.46	.064	167.11	2.73
HOSPITAL VISITS	45	214	9,265.92	43.30	.056	205.91	2.44
CRITICAL CARE	3	5	482.60	96.52	.001	160.87	.13
SNF/ICF/TRANS IP CARE	18	25	612.04	24.48	.007	34.00	.16
OPHTHALMOLOGICAL SERVICES	14	14	525.81	37.56	.004	37.56	.14
EXAMINATIONS	14	14	525.81	37.56	.004	37.56	.14
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	29	283	9,821.09	34.70	.075	338.66	2.59
PRINCIPAL SURGEON	14	19	3,896.72	205.09	.005	278.34	1.03
ASSISTANT SURGEON	6	6	1,620.07	270.01	.002	270.01	.43
ANESTHESIOLOGIST	13	258	4,304.30	16.68	.068	331.10	1.13
OUTPATIENT SURGERY	66	191	15,088.11	79.00	.050	228.61	3.98
PRINCIPAL SURGEON	60	73	13,091.62	179.34	.019	218.19	3.45
ASSISTANT SURGEON	1	1	56.22	56.22	.000	56.22	.01
ANESTHESIOLOGIST	13	117	1,940.27	16.58	.031	149.25	.51
DIALYSIS	7	33	2,369.42	71.80	.009	338.49	.62
PATHOLOGY	64	102	2,691.25	26.38	.027	42.05	.71
RADIOLOGY	196	405	15,483.28	38.23	.107	79.00	4.08
PSYCHIATRY	1	1	21.89	21.89	.000	21.89	.01
IMMUNIZATION AND INJECTION	17	231	8,636.65	37.39	.061	508.04	2.28
OTHER SERVICES/ALL X-OVERS	497	1,260	22,925.05	18.19	.332	46.13	6.04
@PHARMACY	2,880	29,290	\$ 1,359,874.47	\$ 46.43	7.718	\$ 472.18	\$ 358.33
PRESCRIPTION DRUGS	2,846	14,269	1,327,449.36	93.03	3.760	466.43	349.79
SNF/ICF	149	1,214	98,904.04	81.47	.320	663.79	26.06
OUTPATIENTS	2,701	13,055	1,228,545.32	94.11	3.440	454.85	323.73
MEDICAL SUPPLIES	255	15,021	32,425.11	2.16	3.958	127.16	8.54
@DENTIST	109	401	\$ 21,081.35	\$ 52.57	.106	\$ 193.41	\$ 5.56
VISITS - DIAGNOSTIC	69	168	2,709.00	16.13	.044	39.26	.71
ORAL SURGERY	24	147	6,520.35	44.36	.039	271.68	1.72
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	3	3	200.00	66.67	.001	66.67	.05
PERIODONTICS	1	1	118.00	118.00	.000	118.00	.03
ENDODONTICS	6	7	1,750.00	250.00	.002	291.67	.46
RESTORATIVE DENTISTRY	20	44	3,343.00	75.98	.012	167.15	.88
PROSTHETICS	2	2	30.00	15.00	.001	15.00	.01
DENTURES, STAYPLATES	12	29	6,411.00	221.07	.008	534.25	1.69
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00
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LAKE COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED						

	3,795 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	122	343	\$	6,274.14	\$ 18.29	.090	\$ 51.43	\$ 1.65
DIAGNOSTIC AND ANC. PROCED	24	25		1,035.25	41.41	.007	43.14	.27

EYE APPLIANCES	111	299		4,660.13	15.59	.079	41.98	1.23
OTHER OPTOMETRIC SERVICES	14	19		578.76	30.46	.005	41.34	.15
@CHIROPRACTOR	2	9	\$	61.13	\$ 6.79	.002	\$ 30.57	\$.02
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	2	9		61.13	6.79	.002	30.57	.02
@PODIATRIST	35	43	\$	491.39	\$ 11.43	.011	\$ 14.04	\$.13
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	35	43		491.39	11.43	.011	14.04	.13
@HOME HEALTH AGENCY	38	3,322	\$	114,604.87	\$ 34.50	.875	\$ 3015.92	\$ 30.20
NURSE ANESTHESIST	2	19	\$	316.72	\$ 16.67	.005	\$ 158.36	\$.08
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	851	5,084	\$	959,684.63	\$ 188.77	1.340	\$ 1127.71	\$ 252.88
HOSP INPATIENT TOTAL	79	296		824,222.10	2784.53	.078	10433.19	217.19
HSC HOSPITALS	8	47		70,072.00	1490.89	.012	8759.00	18.46
NON-HSC HOSPITAL TOTAL	37	249		660,985.11	2654.56	.066	17864.46	174.17
ACCOMMODATIONS	37	249		206,153.33	827.93	.066	5571.71	54.32
ADMINISTRATIVE DAYS	1	22		5,088.60	231.30	.006	5088.60	1.34
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	36	227		201,064.73	885.75	.060	5585.13	52.98
ANCILLARIES	37	0		454,831.78	.00	.000	12292.75	119.85
INPATIENT CROSSOVERS	36	0		93,164.99	.00	.000	2587.92	24.55
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	801	4,788		135,462.53	28.29	1.262	169.12	35.70
MEDICAL	118	217		11,914.22	54.90	.057	100.97	3.14
SURGERY	31	31		1,787.41	57.66	.008	57.66	.47
PATHOLOGY	249	1,140		14,553.17	12.77	.300	58.45	3.83
RADIOLOGY	163	235		19,626.86	83.52	.062	120.41	5.17
ROOM USE	149	213		10,564.83	49.60	.056	70.90	2.78
CROSSOVERS/ALL OTH OUTPTNT	523	2,952		77,016.04	26.09	.778	147.26	20.29
@COUNTY HOSPITAL TOTAL	6	24	\$	13,241.95	\$ 551.75	.006	\$ 2206.99	\$ 3.49
CO HOSPITAL INPATIENT TOTAL	1	11		12,760.00	1160.00	.003	12760.00	3.36
HSC HOSPITALS	1	11		12,760.00	1160.00	.003	12760.00	3.36
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	5	13		481.95	37.07	.003	96.39	.13
MEDICAL	4	4		121.31	30.33	.001	30.33	.03
SURGERY	1	1		115.70	115.70	.000	115.70	.03
PATHOLOGY	1	1		25.10	25.10	.000	25.10	.01
RADIOLOGY	1	2		39.01	19.51	.001	39.01	.01
ROOM USE	5	5		180.83	36.17	.001	36.17	.05
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

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3,795 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST UNITS/DAYS COST PER

COST PER

----- MONTHLY AVERAGE -----

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	849	5,060	\$	946,442.68	\$ 187.04	1.333	\$ 1114.77	\$ 249.39
COMM HOSP INPATIENT TOTAL	79	285		811,462.10	2847.24	.075	10271.67	213.82
HSC HOSPITALS	7	36		57,312.00	1592.00	.009	8187.43	15.10
NON-HSC HOSPITALS TOTAL	37	249		660,985.11	2654.56	.066	17864.46	174.17
ACCOMMODATIONS	37	249		206,153.33	827.93	.066	5571.71	54.32
ADMINISTRATIVE DAYS	1	22		5,088.60	231.30	.006	5088.60	1.34
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	36	227		201,064.73	885.75	.060	5585.13	52.98
ANCILLARIES	37	0		454,831.78	.00	.000	12292.75	119.85
INPATIENT CROSSOVERS	36	0		93,164.99	.00	.000	2587.92	24.55
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	799	4,775		134,980.58	28.27	1.258	168.94	35.57
MEDICAL	115	213		11,792.91	55.37	.056	102.55	3.11
SURGERY	30	30		1,671.71	55.72	.008	55.72	.44
PATHOLOGY	248	1,139		14,528.07	12.76	.300	58.58	3.83
RADIOLOGY	162	233		19,587.85	84.07	.061	120.91	5.16
ROOM USE	146	208		10,384.00	49.92	.055	71.12	2.74
CROSSOVERS/ALL OTH OUTPTNT	523	2,952		77,016.04	26.09	.778	147.26	20.29
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	148	4,318	\$	608,741.24	\$ 140.98	1.138	\$ 4113.12	\$ 160.41
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	3	231		122,017.56	528.21	.061	40672.52	32.15
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	146	4,087		486,723.68	119.09	1.077	3333.72	128.25
@INTERMEDIATE CARE FACIL.-DD	52	1,533	\$	232,079.44	\$ 151.39	.404	\$ 4463.07	\$ 61.15
ICF DDH	52	1,533		232,079.44	151.39	.404	4463.07	61.15
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	36	102	\$	51,445.46	\$ 504.37	.027	\$ 1429.04	\$ 13.56
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	36	102		51,445.46	504.37	.027	1429.04	13.56
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	39	139	\$	2,449.77	\$ 17.62	.037	\$ 62.81	\$.65
PATHOLOGY	37	130		2,394.57	18.42	.034	64.72	.63
XO AND OTHERS	2	9		55.20	6.13	.002	27.60	.01
@ORGANIZED OUTPATIENT CLINIC	1,429	3,199	\$	256,912.89	\$ 80.31	.843	\$ 179.79	\$ 67.70
CLINIC	4	8		267.09	33.39	.002	66.77	.07
SURGICENTER	4	7		725.64	103.66	.002	181.41	.19
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,425	3,184		255,920.16	80.38	.839	179.59	67.44
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
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	3,795 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	487	21,237	\$	143,846.76	\$ 6.77	5.596	\$ 295.37	\$ 37.90
DURABLE MED. EQUIP.	55	196		50,722.11	258.79	.052	922.22	13.37
BLOOD BANK	0	0		.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	86	14,799	39,362.12	2.66	3.900	457.70	10.37
AMBULANCES/AIR TRANS	53	1,023	8,660.19	8.47	.270	163.40	2.28
OTHER TRANS	25	13,563	26,955.48	1.99	3.574	1078.22	7.10
OTHER SERVICES	13	213	3,746.45	17.59	.056	288.19	.99
ACUPUNCTURE	3	10	173.01	17.30	.003	57.67	.05
ADULT DAY HEALTH CARE CTR	1	5	347.90	69.58	.001	347.90	.09
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	44	311	26,499.55	85.21	.082	602.26	6.98
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	116	294	4,460.60	15.17	.077	38.45	1.18
PHYSICAL THERAPIST	8	95	1,387.96	14.61	.025	173.50	.37
PORTABLE X-RAY	1	2	1.31	.66	.001	1.31	.00
PROSTHETIST/ORTHOTISTS	7	24	3,431.25	142.97	.006	490.18	.90
PROSTHETICS	7	24	3,431.25	142.97	.006	490.18	.90
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	20	40	3,077.98	76.95	.011	153.90	.81
HOSPICE SERVICES	6	50	5,486.28	109.73	.013	914.38	1.45
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	12	441	3,115.55	7.06	.116	259.63	.82
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	169	4,970	5,781.14	1.16	1.310	34.21	1.52
@CALIF. CHILDREN SERVICES*	13	142	\$ 36,205.80	\$ 254.97	.037	\$ 2785.06	\$ 9.54
@XOVER EXCLUDING STATE HOSP**	857	11,654	\$ 197,904.64	\$ 16.98	3.071	\$ 230.93	\$ 52.15

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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LAKE COUNTY

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

57,663 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	29,353	153,059	\$ 11,753,403.98	\$ 76.79	2.654	\$ 400.42	\$ 203.83
@PHYSICIANS SERVICES	7,349	23,401	\$ 937,578.81	\$ 40.07	.406	\$ 127.58	\$ 16.26
OUTPATIENT VISITS	4,343	8,565	264,916.73	30.93	.149	61.00	4.59
OFFICE VISITS	1,455	1,814	60,363.41	33.28	.031	41.49	1.05
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2,520	2,843	157,448.95	55.38	.049	62.48	2.73
PREVENTIVE CARE	7	8	286.68	35.84	.000	40.95	.00
OB VISITS/COMPRE PERI	440	3,828	44,528.09	11.63	.066	101.20	.77
OTHER OUTPATIENT	64	72	2,289.60	31.80	.001	35.78	.04
INPATIENT VISITS	276	1,289	93,588.47	72.61	.022	339.09	1.62
HOSPITAL VISITS	263	914	41,939.22	45.89	.016	159.46	.73
CRITICAL CARE	42	374	51,621.75	138.03	.006	1229.09	.90
SNF/ICF/TRANS IP CARE	1	1	27.50	27.50	.000	27.50	.00
OPHTHALMOLOGICAL SERVICES	112	136	5,317.31	39.10	.002	47.48	.09
EXAMINATIONS	112	136	5,317.31	39.10	.002	47.48	.09
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	348	2,755	170,943.99	62.05	.048	491.22	2.96
PRINCIPAL SURGEON	234	296	129,240.53	436.62	.005	552.31	2.24
ASSISTANT SURGEON	23	23	5,345.07	232.39	.000	232.39	.09
ANESTHESIOLOGIST	145	2,436	36,358.39	14.93	.042	250.75	.63
OUTPATIENT SURGERY	832	2,342	134,515.51	57.44	.041	161.68	2.33
PRINCIPAL SURGEON	699	845	106,157.95	125.63	.015	151.87	1.84
ASSISTANT SURGEON	1	1	46.91	46.91	.000	46.91	.00
ANESTHESIOLOGIST	178	1,496	28,310.65	18.92	.026	159.05	.49
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	784	1,241	31,267.51	25.20	.022	39.88	.54
RADIOLOGY	2,385	3,806	112,525.91	29.57	.066	47.18	1.95
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	91	1,376	73,011.54	53.06	.024	802.32	1.27
OTHER SERVICES/ALL X-OVERS	743	1,891	51,491.84	27.23	.033	69.30	.89
@PHARMACY	13,553	42,784	\$ 1,891,180.81	\$ 44.20	.742	\$ 139.54	\$ 32.80
PRESCRIPTION DRUGS	13,448	33,089	1,865,435.29	56.38	.574	138.71	32.35
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	13,448	33,089	1,865,435.29	56.38	.574	138.71	32.35
MEDICAL SUPPLIES	300	9,695	25,745.52	2.66	.168	85.82	.45
@DENTIST	1,094	5,052	\$ 204,566.35	\$ 40.49	.088	\$ 186.99	\$ 3.55
VISITS - DIAGNOSTIC	742	2,730	45,081.13	16.51	.047	60.76	.78
ORAL SURGERY	185	711	39,838.20	56.03	.012	215.34	.69
DRUGS	27	29	600.00	20.69	.001	22.22	.01
ANESTHESIA	35	38	3,000.00	78.95	.001	85.71	.05
PERIODONTICS	4	4	273.12	68.28	.000	68.28	.00
ENDODONTICS	108	211	35,630.75	168.87	.004	329.91	.62
RESTORATIVE DENTISTRY	387	1,151	63,649.15	55.30	.020	164.47	1.10
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	21	86	11,941.00	138.85	.001	568.62	.21
SPACE MAINTAINERS	11	14	1,393.00	99.50	.000	126.64	.02
MAXILLOFACIAL SERVICES	2	2	137.50	68.75	.000	68.75	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	18	27	2,917.50	108.06	.000	162.08	.05
ALL OTHER SERVICES	40	48	75.00	1.56	.001	1.88	.00

LAKE COUNTY

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

57,663 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	840	2,309	\$ 52,703.81	\$ 22.83	.040		\$ 62.74	\$.91
DIAGNOSTIC AND ANC. PROCED	590	595	26,324.50	44.24	.010		44.62	.46
EYE APPLIANCES	631	1,687	25,692.02	15.23	.029		40.72	.45
OTHER OPTOMETRIC SERVICES	26	27	687.29	25.46	.000		26.43	.01
@CHIROPRACTOR	138	200	\$ 3,306.38	\$ 16.53	.003	\$	23.96	\$.06
VISITS	137	198	3,272.94	16.53	.003		23.89	.06
OTHER SERVICES	1	2	33.44	16.72	.000		33.44	.00
@PODIATRIST	4	4	\$ 179.01	\$ 44.75	.000	\$	44.75	\$.00
MEDICINE/INJECTIONS	1	1	62.41	62.41	.000		62.41	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	3	3	116.60	38.87	.000		38.87	.00
@HOME HEALTH AGENCY	98	371	\$ 21,220.63	\$ 57.20	.006	\$	216.54	\$.37
NURSE ANESTHESIST	30	251	\$ 4,228.06	\$ 16.84	.004	\$	140.94	\$.07
NURSE MIDWIFE	10	107	\$ 2,873.85	\$ 26.86	.002	\$	287.39	\$.05
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	\$	.00	\$.00
FAMILY NURSE PRACTITIONER	1	1	\$ 75.17	\$ 75.17	.000	\$	75.17	\$.00
@TOTAL HOSPITAL	7,314	31,075	\$ 5,063,413.50	\$ 162.94	.539	\$	692.29	\$ 87.81
HOSP INPATIENT TOTAL	426	1,999	4,274,368.36	2138.25	.035		10033.73	74.13
HSC HOSPITALS	78	698	1,175,002.05	1683.38	.012		15064.13	20.38
NON-HSC HOSPITAL TOTAL	347	1,301	3,094,146.31	2378.28	.023		8916.85	53.66
ACCOMMODATIONS	347	1,301	925,730.73	711.55	.023		2667.81	16.05
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	347	1,301	925,730.73	711.55	.023		2667.81	16.05
ANCILLARIES	347	0	2,168,415.58	.00	.000		6249.04	37.60
INPATIENT CROSSOVERS	6	0	5,220.00	.00	.000		870.00	.09
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	7,066	29,076	789,045.14	27.14	.504		111.67	13.68
MEDICAL	1,308	2,134	81,563.78	38.22	.037		62.36	1.41
SURGERY	419	523	26,323.60	50.33	.009		62.82	.46
PATHOLOGY	3,313	12,765	169,559.87	13.28	.221		51.18	2.94
RADIOLOGY	2,301	3,137	233,073.03	74.30	.054		101.29	4.04
ROOM USE	3,455	4,432	189,368.36	42.73	.077		54.81	3.28
CROSSOVERS/ALL OTH OUTPTNT	2,312	6,085	89,156.50	14.65	.106		38.56	1.55
@COUNTY HOSPITAL TOTAL	13	54	\$ 3,075.20	\$ 56.95	.001	\$	236.55	\$.05
CO HOSPITAL INPATIENT TOTAL	1	1	1,200.01	1200.01	.000		1200.01	.02
HSC HOSPITALS	1	1	1,200.01	1200.01	.000		1200.01	.02
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
CO HOSP OUTPATIENT TOTAL	12	53	1,875.19	35.38	.001		156.27	.03
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	4	6	181.16	30.19	.000		45.29	.00
PATHOLOGY	4	17	469.04	27.59	.000		117.26	.01
RADIOLOGY	1	1	38.54	38.54	.000		38.54	.00
ROOM USE	10	16	813.01	50.81	.000		81.30	.01

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
57,663 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	7,306	31,021	\$ 5,060,338.30	\$ 163.13	.538	\$ 692.63	\$ 87.76
COMM HOSP INPATIENT TOTAL	425	1,998	4,273,168.35	2138.72	.035	10054.51	74.11
HSC HOSPITALS	77	697	1,173,802.04	1684.08	.012	15244.18	20.36
NON-HSC HOSPITALS TOTAL	347	1,301	3,094,146.31	2378.28	.023	8916.85	53.66
ACCOMMODATIONS	347	1,301	925,730.73	711.55	.023	2667.81	16.05
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	347	1,301	925,730.73	711.55	.023	2667.81	16.05
ANCILLARIES	347	0	2,168,415.58	.00	.000	6249.04	37.60
INPATIENT CROSSOVERS	6	0	5,220.00	.00	.000	870.00	.09
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	7,057	29,023	787,169.95	27.12	.503	111.54	13.65
MEDICAL	1,308	2,134	81,563.78	38.22	.037	62.36	1.41
SURGERY	415	517	26,142.44	50.57	.009	62.99	.45
PATHOLOGY	3,310	12,748	169,090.83	13.26	.221	51.08	2.93
RADIOLOGY	2,300	3,136	233,034.49	74.31	.054	101.32	4.04
ROOM USE	3,448	4,416	188,555.35	42.70	.077	54.69	3.27
CROSSOVERS/ALL OTH OUTPTNT	2,307	6,072	88,783.06	14.62	.105	38.48	1.54
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	4	\$ 947.28	\$ 236.82	.000	\$ 947.28	\$.02
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	4	947.28	236.82	.000	947.28	.02
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	5	111	\$ 5,850.94	\$ 52.71	.002	\$ 1170.19	\$.10
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	5	111	5,850.94	52.71	.002	1170.19	.10
@REHABILITATION FACILITY	1	2	\$ 158.44	\$ 79.22	.000	\$ 158.44	\$.00
HOSPITAL BASED	1	2	158.44	79.22	.000	158.44	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	520	1,530	\$ 23,279.48	\$ 15.22	.027	\$ 44.77	\$.40
PATHOLOGY	518	1,520	23,250.79	15.30	.026	44.89	.40
XO AND OTHERS	2	10	28.69	2.87	.000	14.35	.00
@ORGANIZED OUTPATIENT CLINIC	15,200	25,400	\$ 3,274,701.21	\$ 128.93	.440	\$ 215.44	\$ 56.79
CLINIC	151	614	23,925.37	38.97	.011	158.45	.41
SURGICENTER	34	170	6,279.57	36.94	.003	184.69	.11
HEROIN DETOX CLINIC	1	21	240.98	11.48	.000	240.98	.00
RURAL HEALTH CLINIC	15,051	24,595	3,244,255.29	131.91	.427	215.55	56.26
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 5,288
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LAKE COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES						

57,663 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	2,405	20,457	\$ 267,140.25	\$ 13.06	.355	\$ 111.08	\$ 4.63
DURABLE MED. EQUIP.	113	226	15,868.15	70.21	.004	140.43	.28
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	366	11,608	156,381.57	13.47	.201	427.27	2.71
AMBULANCES/AIR TRANS	363	5,846	88,366.18	15.12	.101	243.43	1.53
OTHER TRANS	3	5,729	9,140.39	1.60	.099	3046.80	.16
OTHER SERVICES	33	33	58,875.00	1784.09	.001	1784.09	1.02
ACUPUNCTURE	53	138	2,357.27	17.08	.002	44.48	.04
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	59	59	6,195.00	105.00	.001	105.00	.11
IHMC,MODEL-NF,NF,AIDS,MSSP	13	56	8,511.20	151.99	.001	654.71	.15
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	563	1,285	11,804.30	9.19	.022	20.97	.20
PHYSICAL THERAPIST	87	761	11,429.83	15.02	.013	131.38	.20
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	44	84	10,031.48	119.42	.001	227.99	.17
PROSTHETICS	43	83	9,991.93	120.38	.001	232.37	.17
ORTHOTICS	1	1	39.55	39.55	.000	39.55	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	18	57	2,295.22	40.27	.001	127.51	.04
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,018	2,975	38,340.86	12.89	.052	37.66	.66
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	119	3,208	3,925.37	1.22	.056	32.99	.07
@CALIF. CHILDREN SERVICES*	168	4,478	\$ 920,721.52	\$ 205.61	.078	\$ 5480.49	\$ 15.97
@XOVER EXCLUDING STATE HOSP**	167	2,447	\$ 19,000.69	\$ 7.76	.042	\$ 113.78	\$.33

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
 MOP024 FEE-FOR-SERVICE/DENTAL
 LAKE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

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67,411 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	38,708	335,013	\$ 22,697,459.73	\$ 67.75	4.970	\$ 586.38	\$ 336.70
@PHYSICIANS SERVICES	9,041	29,446	\$ 1,096,212.63	\$ 37.23	.437	\$ 121.25	\$ 16.26
OUTPATIENT VISITS	4,677	9,010	285,243.65	31.66	.134	60.99	4.23
OFFICE VISITS	1,666	2,093	69,876.47	33.39	.031	41.94	1.04
HOME VISITS	1	1	34.30	34.30	.000	34.30	.00
EMERGENCY ROOM	2,648	2,998	167,938.95	56.02	.044	63.42	2.49
PREVENTIVE CARE	7	8	286.68	35.84	.000	40.95	.00
OB VISITS/COMPRE PERI	440	3,828	44,528.09	11.63	.057	101.20	.66
OTHER OUTPATIENT	74	82	2,579.16	31.45	.001	34.85	.04
INPATIENT VISITS	362	1,592	106,335.69	66.79	.024	293.75	1.58
HOSPITAL VISITS	321	1,167	53,032.57	45.44	.017	165.21	.79
CRITICAL CARE	45	379	52,104.35	137.48	.006	1157.87	.77
SNF/ICF/TRANS IP CARE	31	46	1,198.77	26.06	.001	38.67	.02
OPHTHALMOLOGICAL SERVICES	140	165	6,391.48	38.74	.002	45.65	.09

EXAMINATIONS	140	165	6,391.48	38.74	.002	45.65	.09
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	383	3,080	184,458.91	59.89	.046	481.62	2.74
PRINCIPAL SURGEON	252	326	136,255.85	417.96	.005	540.70	2.02
ASSISTANT SURGEON	30	30	7,036.99	234.57	.000	234.57	.10
ANESTHESIOLOGIST	160	2,724	41,166.07	15.11	.040	257.29	.61
OUTPATIENT SURGERY	914	2,580	153,272.22	59.41	.038	167.69	2.27
PRINCIPAL SURGEON	774	945	122,581.51	129.72	.014	158.37	1.82
ASSISTANT SURGEON	2	2	103.13	51.57	.000	51.57	.00
ANESTHESIOLOGIST	193	1,633	30,587.58	18.73	.024	158.48	.45
DIALYSIS	7	33	2,369.42	71.80	.000	338.49	.04
PATHOLOGY	854	1,350	34,161.68	25.30	.020	40.00	.51
RADIOLOGY	2,622	4,304	130,790.51	30.39	.064	49.88	1.94
PSYCHIATRY	1	1	21.89	21.89	.000	21.89	.00
IMMUNIZATION AND INJECTION	110	1,609	81,691.95	50.77	.024	742.65	1.21
OTHER SERVICES/ALL X-OVERS	1,973	5,722	111,475.23	19.48	.085	56.50	1.65
@PHARMACY	20,780	101,620	\$ 4,596,990.18	\$ 45.24	1.507	\$ 221.22	\$ 68.19
PRESCRIPTION DRUGS	20,591	69,417	4,501,805.73	64.85	1.030	218.63	66.78
SNF/ICF	1,723	12,382	719,634.24	58.12	.184	417.66	10.68
OUTPATIENTS	18,880	57,035	3,782,171.49	66.31	.846	200.33	56.11
MEDICAL SUPPLIES	865	32,203	95,184.45	2.96	.478	110.04	1.41
@DENTIST	1,397	5,893	\$ 247,624.20	\$ 42.02	.087	\$ 177.25	\$ 3.67
VISITS - DIAGNOSTIC	985	3,203	54,549.63	17.03	.048	55.38	.81
ORAL SURGERY	215	904	48,516.55	53.67	.013	225.66	.72
DRUGS	27	29	600.00	20.69	.000	22.22	.01
ANESTHESIA	41	44	3,600.00	81.82	.001	87.80	.05
PERIODONTICS	7	7	627.12	89.59	.000	89.59	.01
ENDODONTICS	119	225	38,831.75	172.59	.003	326.32	.58
RESTORATIVE DENTISTRY	420	1,232	69,277.15	56.23	.018	164.95	1.03
PROSTHETICS	3	3	60.00	20.00	.000	20.00	.00
DENTURES, STAYPLATES	50	157	27,039.00	172.22	.002	540.78	.40
SPACE MAINTAINERS	11	14	1,393.00	99.50	.000	126.64	.02

MAXILLOFACIAL SERVICES	2	2	137.50	68.75	.000	68.75	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	18	27	2,917.50	108.06	.000	162.08	.04
ALL OTHER SERVICES	41	46	75.00	1.63	.001	1.83	.00

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LAKE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

67,411 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,103	3,019	\$ 66,204.36	\$ 21.93	.045	\$ 60.02	\$.98
DIAGNOSTIC AND ANC. PROCED	619	625	27,616.65	44.19	.009	44.61	.41
EYE APPLIANCES	871	2,320	36,747.32	15.84	.034	42.19	.55
OTHER OPTOMETRIC SERVICES	55	74	1,840.39	24.87	.001	33.46	.03
@CHIROPRACTOR	147	221	\$ 3,529.20	\$ 15.97	.003	\$ 24.01	\$.05
VISITS	137	198	3,272.94	16.53	.003	23.89	.05
OTHER SERVICES	10	23	256.26	11.14	.000	25.63	.00
@PODIATRIST	286	396	\$ 2,517.95	\$ 6.36	.006	\$ 8.80	\$.04
MEDICINE/INJECTIONS	1	1	62.41	62.41	.000	62.41	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	285	395	2,455.54	6.22	.006	8.62	.04
@HOME HEALTH AGENCY	140	3,715	\$ 137,376.94	\$ 36.98	.055	\$ 981.26	\$ 2.04
NURSE ANESTHESIST	32	270	\$ 4,544.78	\$ 16.83	.004	\$ 142.02	\$.07
NURSE MIDWIFE	10	107	\$ 2,873.85	\$ 26.86	.002	\$ 287.39	\$.04
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	1	1	75.17	75.17	.000	75.17	.00
@TOTAL HOSPITAL	8,918	40,903	\$ 6,452,812.29	\$ 157.76	.607	\$ 723.57	\$ 95.72
HOSP INPATIENT TOTAL	610	2,419	5,448,664.07	2252.44	.036	8932.24	80.83
HSC HOSPITALS	89	769	1,275,153.05	1658.20	.011	14327.56	18.92
NON-HSC HOSPITAL TOTAL	403	1,650	3,999,282.80	2423.81	.024	9923.78	59.33
ACCOMMODATIONS	403	1,650	1,213,869.91	735.68	.024	3012.08	18.01
ADMINISTRATIVE DAYS	1	22	5,088.60	231.30	.000	5088.60	.08
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	402	1,628	1,208,781.31	742.49	.024	3006.92	17.93
ANCILLARIES	403	0	2,785,412.89	.00	.000	6911.69	41.32
INPATIENT CROSSOVERS	125	0	174,228.22	.00	.000	1393.83	2.58
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	8,565	38,484	1,004,148.22	26.09	.571	117.24	14.90
MEDICAL	1,438	2,368	94,597.71	39.95	.035	65.78	1.40
SURGERY	454	558	28,351.84	50.81	.008	62.45	.42
PATHOLOGY	3,597	14,040	185,775.27	13.23	.208	51.65	2.76
RADIOLOGY	2,496	3,421	255,813.37	74.78	.051	102.49	3.79
ROOM USE	3,624	4,667	200,957.10	43.06	.069	55.45	2.98
CROSSOVERS/ALL OTH OUTPTNT	3,487	13,430	238,652.93	17.77	.199	68.44	3.54
@COUNTY HOSPITAL TOTAL	20	80	\$ 16,380.34	\$ 204.75	.001	\$ 819.02	\$.24
CO HOSPITAL INPATIENT TOTAL	2	12	13,960.01	1163.33	.000	6980.01	.21
HSC HOSPITALS	2	12	13,960.01	1163.33	.000	6980.01	.21
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	18	68	2,420.33	35.59	.001	134.46	.04
MEDICAL	5	5	148.81	29.76	.000	29.76	.00
SURGERY	5	7	296.86	42.41	.000	59.37	.00
PATHOLOGY	5	18	494.14	27.45	.000	98.83	.01
RADIOLOGY	2	3	77.55	25.85	.000	38.78	.00
ROOM USE	16	22	1,029.53	46.80	.000	64.35	.02
CROSSOVERS/ALL OTH OUTPTNT	6	13	373.44	28.73	.000	62.24	.01

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LAKE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

	67,411 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8,907	40,823	\$	6,436,431.95	\$ 157.67	.606	\$ 722.63	\$ 95.48
COMM HOSP INPATIENT TOTAL	609	2,407		5,434,704.06	2257.87	.036	8923.98	80.62
HSC HOSPITALS	87	757		1,261,193.04	1666.04	.011	14496.47	18.71
NON-HSC HOSPITALS TOTAL	403	1,650		3,999,282.80	2423.81	.024	9923.78	59.33
ACCOMMODATIONS	403	1,650		1,213,869.91	735.68	.024	3012.08	18.01
ADMINISTRATIVE DAYS	1	22		5,088.60	231.30	.000	5088.60	.08
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	402	1,628		1,208,781.31	742.49	.024	3006.92	17.93
ANCILLARIES	403	0		2,785,412.89	.00	.000	6911.69	41.32
INPATIENT CROSSOVERS	125	0		174,228.22	.00	.000	1393.83	2.58
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	8,553	38,416		1,001,727.89	26.08	.570	117.12	14.86
MEDICAL	1,434	2,363		94,448.90	39.97	.035	65.86	1.40
SURGERY	449	551		28,054.98	50.92	.008	62.48	.42
PATHOLOGY	3,593	14,022		185,281.13	13.21	.208	51.57	2.75
RADIOLOGY	2,494	3,418		255,735.82	74.82	.051	102.54	3.79
ROOM USE	3,613	4,645		199,927.57	43.04	.069	55.34	2.97
CROSSOVERS/ALL OTH OUTPTNT	3,482	13,417		238,279.49	17.76	.199	68.43	3.53
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	1,825	51,854	\$	5,441,892.76	\$ 104.95	.769	\$ 2981.86	\$ 80.73
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	14	610		67,514.20	110.68	.009	4822.44	1.00
LEV B-SUBACUTE FREESTANDING	1	44		12,131.84	275.72	.001	12131.84	.18
LEV B-SUBACUTE HSPTL BASED	3	231		122,017.56	528.21	.003	40672.52	1.81
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	1,808	50,969		5,240,229.16	102.81	.756	2898.36	77.74
@INTERMEDIATE CARE FACIL.-DD	61	1,777	\$	266,408.24	\$ 149.92	.026	\$ 4367.35	\$ 3.95
ICF DDH	61	1,777		266,408.24	149.92	.026	4367.35	3.95
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	42	214	\$	57,728.65	\$ 269.76	.003	\$ 1374.49	\$.86
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	42	214		57,728.65	269.76	.003	1374.49	.86
@REHABILITATION FACILITY	1	2	\$	158.44	\$ 79.22	.000	\$ 158.44	\$.00
HOSPITAL BASED	1	2		158.44	79.22	.000	158.44	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	568	1,695	\$	25,976.22	\$ 15.33	.025	\$ 45.73	\$.39
PATHOLOGY	562	1,673		25,846.40	15.45	.025	45.99	.38
XO AND OTHERS	6	22		129.82	5.90	.000	21.64	.00
@ORGANIZED OUTPATIENT CLINIC	17,624	30,286	\$	3,658,919.47	\$ 120.81	.449	\$ 207.61	\$ 54.28
CLINIC	162	637		24,541.02	38.53	.009	151.49	.36

SURGICENTER	43	184	8,341.12	45.33	.003	193.98	.12
HEROIN DETOX CLINIC	1	21	240.98	11.48	.000	240.98	.00
RURAL HEALTH CLINIC	17,460	29,444	3,625,796.35	123.14	.437	207.66	53.79

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,292

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

LAKE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
67,411 ELIGIBLES							
@ALL OTHER PROVIDERS	3,654	63,594	\$ 635,614.40	\$ 9.99	.943	\$ 173.95	\$ 9.43
DURABLE MED. EQUIP.	251	1,042	124,346.48	119.33	.015	495.40	1.84
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2	617.82	308.91	.000	308.91	.01
MEDICAL TRANSPORTATION	553	36,101	219,461.66	6.08	.536	396.86	3.26
AMBULANCES/AIR TRANS	448	7,329	102,018.07	13.92	.109	227.72	1.51
OTHER TRANS	101	28,473	54,421.39	1.91	.422	538.83	.81
OTHER SERVICES	56	299	63,022.20	210.78	.004	1125.40	.93
ACUPUNCTURE	61	158	2,703.29	17.11	.002	44.32	.04
ADULT DAY HEALTH CARE CTR	14	191	13,300.22	69.63	.003	950.02	.20
GENETIC DISEASE TESTING	59	59	6,195.00	105.00	.001	105.00	.09
IHMC,MODEL-NF,NF,AIDS,MSSP	105	553	52,785.26	95.45	.008	502.72	.78
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	823	1,915	20,143.94	10.52	.028	24.48	.30
PHYSICAL THERAPIST	95	856	12,817.79	14.97	.013	134.92	.19
PORTABLE X-RAY	8	18	10.64	.59	.000	1.33	.00
PROSTHETIST/ORTHOTISTS	51	108	13,462.73	124.65	.002	263.98	.20
PROSTHETICS	50	107	13,423.18	125.45	.002	268.46	.20
ORTHOTICS	1	1	39.55	39.55	.000	39.55	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	125	298	22,160.34	74.36	.004	177.28	.33
HOSPICE SERVICES	35	882	78,019.49	88.46	.013	2229.13	1.16
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,030	3,416	41,456.41	12.14	.051	40.25	.61
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	580	17,995	28,133.33	1.56	.267	48.51	.42
@CALIF. CHILDREN SERVICES*	182	4,621	\$ 956,971.92	\$ 207.09	.069	\$ 5258.09	\$ 14.20
@XOVER EXCLUDING STATE HOSP**	2,891	25,509	\$ 555,776.19	\$ 21.79	.378	\$ 192.24	\$ 8.24

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 5,293
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W	

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
4,270 ELIGIBLES							
@TOTAL, ALL PROVIDERS	2,505	10,851	\$ 835,146.08	\$ 76.96	2.541	\$ 333.39	\$ 195.58
@PHYSICIANS SERVICES	582	1,694	\$ 70,790.17	\$ 41.79	.397	\$ 121.63	\$ 16.58
OUTPATIENT VISITS	382	774	24,938.16	32.22	.181	65.28	5.84
OFFICE VISITS	125	166	5,462.83	32.91	.039	43.70	1.28
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	222	261	14,480.69	55.48	.061	65.23	3.39
PREVENTIVE CARE	1	1	65.78	65.78	.000	65.78	.02
OB VISITS/COMPRE PERI	40	336	4,647.20	13.83	.079	116.18	1.09

OTHER OUTPATIENT	10	10	281.66	28.17	.002	28.17	.07
INPATIENT VISITS	33	173	13,639.07	78.84	.041	413.31	3.19
HOSPITAL VISITS	28	120	6,824.17	56.87	.028	243.72	1.60
CRITICAL CARE	7	53	6,814.90	128.58	.012	973.56	1.60
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	8	9	339.27	37.70	.002	42.41	.08
EXAMINATIONS	8	9	339.27	37.70	.002	42.41	.08
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	29	151	13,646.46	90.37	.035	470.57	3.20
PRINCIPAL SURGEON	22	29	9,778.05	337.17	.007	444.46	2.29
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	11	122	3,868.41	31.71	.029	351.67	.91
OUTPATIENT SURGERY	55	129	6,901.38	53.50	.030	125.48	1.62
PRINCIPAL SURGEON	47	61	5,576.00	91.41	.014	118.64	1.31
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	10	68	1,325.38	19.49	.016	132.54	.31
DIALYSIS	1	2	302.42	151.21	.000	302.42	.07
PATHOLOGY	51	69	1,922.54	27.86	.016	37.70	.45
RADIOLOGY	155	214	4,847.92	22.65	.050	31.28	1.14
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	5	9	169.34	18.82	.002	33.87	.04
OTHER SERVICES/ALL X-OVERS	65	164	4,083.61	24.90	.038	62.82	.96
@PHARMACY	977	2,524	\$ 123,413.42	\$ 48.90	.591	\$ 126.32	\$ 28.90
PRESCRIPTION DRUGS	967	1,953	119,518.10	61.20	.457	123.60	27.99
SNF/ICF	7	51	4,292.90	84.17	.012	613.27	1.01
OUTPATIENTS	960	1,902	115,225.20	60.58	.445	120.03	26.98
MEDICAL SUPPLIES	35	571	3,895.32	6.82	.134	111.29	.91
@DENTIST	68	375	\$ 14,924.35	\$ 39.80	.088	\$ 219.48	\$ 3.50
VISITS - DIAGNOSTIC	44	226	4,008.85	17.74	.053	91.11	.94
ORAL SURGERY	15	55	5,255.00	95.55	.013	350.33	1.23
DRUGS	0	1	25.00	25.00	.000	.00	.01
ANESTHESIA	3	5	500.00	100.00	.001	166.67	.12
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	7	11	2,310.90	210.08	.003	330.13	.54
RESTORATIVE DENTISTRY	18	67	2,754.60	41.11	.016	153.03	.65
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	2	70.00	35.00	.000	35.00	.02
ALL OTHER SERVICES	3	8	.00	.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 5,294
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W						

	4,270 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
						UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	63	148	\$	3,893.81	\$ 26.31	.035	\$ 61.81	\$.91
DIAGNOSTIC AND ANC. PROCED	51	51		2,331.84	45.72	.012	45.72	.55
EYE APPLIANCES	35	96		1,550.56	16.15	.022	44.30	.36
OTHER OPTOMETRIC SERVICES	1	1		11.41	11.41	.000	11.41	.00
@CHIROPRACTOR	5	7	\$	117.04	\$ 16.72	.002	\$ 23.41	\$.03
VISITS	5	7		117.04	16.72	.002	23.41	.03
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$	37.42	\$ 37.42	.000	\$ 37.42	\$.01

MEDICINE/INJECTIONS	1	1		37.42	37.42	.000	37.42	.01
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	11	21	\$	1,303.68	\$ 62.08	.005	\$ 118.52	\$.31
NURSE ANESTHESIST	2	12	\$	208.94	\$ 17.41	.003	\$ 104.47	\$.05
NURSE MIDWIFE	3	4	\$	170.51	\$ 42.63	.001	\$ 56.84	\$.04
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	570	2,719	\$	328,836.59	\$ 120.94	.637	\$ 576.91	\$ 77.01
HOSP INPATIENT TOTAL	36	133		232,723.58	1749.80	.031	6464.54	54.50
HSC HOSPITALS	8	60		85,172.00	1419.53	.014	10646.50	19.95
NON-HSC HOSPITAL TOTAL	28	73		147,551.58	2021.25	.017	5269.70	34.56
ACCOMMODATIONS	28	73		51,409.34	704.24	.017	1836.05	12.04
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	28	73		51,409.34	704.24	.017	1836.05	12.04
ANCILLARIES	28	0		96,142.24	.00	.000	3433.65	22.52
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	553	2,586		96,113.01	37.17	.606	173.80	22.51
MEDICAL	114	161		7,763.31	48.22	.038	68.10	1.82
SURGERY	29	44		1,504.85	34.20	.010	51.89	.35
PATHOLOGY	260	1,306		16,136.93	12.36	.306	62.07	3.78
RADIOLOGY	158	203		11,095.51	54.66	.048	70.22	2.60
ROOM USE	308	420		16,498.67	39.28	.098	53.57	3.86
CROSSOVERS/ALL OTH OUTPTNT	190	452		43,113.74	95.38	.106	226.91	10.10
@COUNTY HOSPITAL TOTAL	2	25	\$	727.10	\$ 29.08	.006	\$ 363.55	\$.17
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	25	727.10	29.08	.006	363.55	.17
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	2	61.20	30.60	.000	61.20	.01
PATHOLOGY	1	7	132.60	18.94	.002	132.60	.03
RADIOLOGY	1	1	35.73	35.73	.000	35.73	.01
ROOM USE	2	6	408.24	68.04	.001	204.12	.10
CROSSOVERS/ALL OTH OUTPTNT	2	9	89.33	9.93	.002	44.67	.02

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

4,270 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	568	2,694	\$ 328,109.49	\$ 121.79	.631	\$ 577.66	\$ 76.84
COMM HOSP INPATIENT TOTAL	36	133	232,723.58	1749.80	.031	6464.54	54.50
HSC HOSPITALS	8	60	85,172.00	1419.53	.014	10646.50	19.95
NON-HSC HOSPITALS TOTAL	28	73	147,551.58	2021.25	.017	5269.70	34.56
ACCOMMODATIONS	28	73	51,409.34	704.24	.017	1836.05	12.04
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	28	73	51,409.34	704.24	.017	1836.05	12.04
ANCILLARIES	28	0	96,142.24	.00	.000	3433.65	22.52
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	551	2,561	95,385.91	37.25	.600	173.11	22.34
MEDICAL	114	161	7,763.31	48.22	.038	68.10	1.82
SURGERY	28	42	1,443.65	34.37	.010	51.56	.34
PATHOLOGY	259	1,299	16,004.33	12.32	.304	61.79	3.75
RADIOLOGY	157	202	11,059.78	54.75	.047	70.44	2.59
ROOM USE	306	414	16,090.43	38.87	.097	52.58	3.77
CROSSOVERS/ALL OTH OUTPTNT	188	443	43,024.41	97.12	.104	228.85	10.08
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	3	\$ 49.24	\$ 16.41	.001	\$ 49.24	\$.01
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	1	3	49.24	16.41	.001	49.24	.01
@LABORATORY FACILITY	34	96	\$ 1,447.45	\$ 15.08	.022	\$ 42.57	\$.34
PATHOLOGY	34	96	1,447.45	15.08	.022	42.57	.34
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1,301	2,168	\$ 270,972.95	\$ 124.99	.508	\$ 208.28	\$ 63.46
CLINIC	16	71	2,344.03	33.01	.017	146.50	.55
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,287	2,097	268,628.92	128.10	.491	208.72	62.91

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,296
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

	4,270 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	146	1,079	\$ 18,980.51	\$ 17.59	.253	\$ 130.00	\$ 4.45	
DURABLE MED. EQUIP.	18	25	3,358.16	134.33	.006	186.56	.79	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	47	855	11,528.33	13.48	.200	245.28	2.70	
AMBULANCES/AIR TRANS	47	853	7,928.33	9.29	.200	168.69	1.86	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	2	2	3,600.00	1800.00	.000	1800.00	.84	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	9	9	945.00	105.00	.002	105.00	.22	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	38	84	771.96	9.19	.020	20.31	.18	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	1	4	835.22	208.81	.001	835.22	.20	
PROSTHETICS	1	4	835.22	208.81	.001	835.22	.20	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	1	2	110.19	55.10	.000	110.19	.03	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	25	92	1,367.57	14.86	.022	54.70	.32	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	9	8	64.08	8.01	.002	7.12	.02	
@CALIF. CHILDREN SERVICES*	47	1,038	\$ 102,216.62	\$ 98.47	.243	\$ 2174.82	\$ 23.94	
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00	

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 5,297
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR MIC - SOC	AID CODE 83

	42 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	84	558	\$ 100,472.90	\$ 180.06	13.286	\$ 1196.11	\$ 2392.21	
@PHYSICIANS SERVICES	33	91	\$ 5,025.32	\$ 55.22	2.167	\$ 152.28	\$ 119.65	

OUTPATIENT VISITS	10	11	618.42	56.22	.262	61.84	14.72
OFFICE VISITS	2	2	36.00	18.00	.048	18.00	.86
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	8	9	582.42	64.71	.214	72.80	13.87
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	7	12	756.21	63.02	.286	108.03	18.01
HOSPITAL VISITS	4	7	481.49	68.78	.167	120.37	11.46
CRITICAL CARE	3	5	274.72	54.94	.119	91.57	6.54
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	14	1,950.00	139.29	.333	390.00	46.43
PRINCIPAL SURGEON	4	4	1,721.36	430.34	.095	430.34	40.98
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	10	228.64	22.86	.238	228.64	5.44
OUTPATIENT SURGERY	7	26	789.05	30.35	.619	112.72	18.79
PRINCIPAL SURGEON	5	5	465.00	93.00	.119	93.00	11.07
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	21	324.05	15.43	.500	162.03	7.72
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	8	17	503.09	29.59	.405	62.89	11.98
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	6	11	408.55	37.14	.262	68.09	9.73
@PHARMACY	3	4	\$ 224.19	\$ 56.05	.095	\$ 74.73	\$ 5.34
PRESCRIPTION DRUGS	2	3	199.10	66.37	.071	99.55	4.74
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	2	3	199.10	66.37	.071	99.55	4.74
MEDICAL SUPPLIES	1	1	25.09	25.09	.024	25.09	.60
@DENTIST	2	7	\$ 25.00	\$ 3.57	.167	\$ 12.50	\$.60
VISITS - DIAGNOSTIC	1	2	25.00	12.50	.048	25.00	.60
ORAL SURGERY	2	4	.00	.00	.095	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	.00	.00	.024	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 5,298
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR MIC - SOC						
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EYE APPLIANCES	1	2		.00	.00	.048	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.000	\$	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.000	\$	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
@TOTAL HOSPITAL	37	211	\$	85,027.93	\$	402.98	5.024	\$ 2298.05
HOSP INPATIENT TOTAL	5	34		80,247.27		2360.21	.810	16049.45
HSC HOSPITALS	2	29		51,965.00		1791.90	.690	25982.50
NON-HSC HOSPITAL TOTAL	3	5		28,282.27		5656.45	.119	9427.42
ACCOMMODATIONS	3	5		3,487.33		697.47	.119	1162.44
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00
ALL OTHER ACCOM	3	5		3,487.33		697.47	.119	1162.44
ANCILLARIES	3	0		24,794.94		.00	.000	8264.98
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00
HOSP OUTPATIENT TOTAL	33	177		4,780.66		27.01	4.214	144.87
MEDICAL	13	24		912.05		38.00	.571	70.16
SURGERY	3	3		217.58		72.53	.071	72.53
PATHOLOGY	12	58		1,323.82		22.82	1.381	110.32
RADIOLOGY	13	21		589.23		28.06	.500	45.33
ROOM USE	18	28		1,274.00		45.50	.667	70.78
CROSSOVERS/ALL OTH OUTPTNT	19	43		463.98		10.79	1.024	24.42
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00
ANCILLARIES	0	0		.00		.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00
MEDICAL	0	0		.00		.00	.000	.00
SURGERY	0	0		.00		.00	.000	.00
PATHOLOGY	0	0		.00		.00	.000	.00
RADIOLOGY	0	0		.00		.00	.000	.00
ROOM USE	0	0		.00		.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,299
 MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
 LAKE COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

42 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST

----- MONTHLY AVERAGE -----

UNITS/DAYS COST PER

COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	37	211	\$	85,027.93	\$ 402.98	5.024	\$ 2298.05	\$ 2024.47
COMM HOSP INPATIENT TOTAL	5	34		80,247.27	2360.21	.810	16049.45	1910.65
HSC HOSPITALS	2	29		51,965.00	1791.90	.690	25982.50	1237.26
NON-HSC HOSPITALS TOTAL	3	5		28,282.27	5656.45	.119	9427.42	673.39
ACCOMMODATIONS	3	5		3,487.33	697.47	.119	1162.44	83.03
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	5		3,487.33	697.47	.119	1162.44	83.03
ANCILLARIES	3	0		24,794.94	.00	.000	8264.98	590.36
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	33	177		4,780.66	27.01	4.214	144.87	113.83
MEDICAL	13	24		912.05	38.00	.571	70.16	21.72
SURGERY	3	3		217.58	72.53	.071	72.53	5.18
PATHOLOGY	12	58		1,323.82	22.82	1.381	110.32	31.52
RADIOLOGY	13	21		589.23	28.06	.500	45.33	14.03
ROOM USE	18	28		1,274.00	45.50	.667	70.78	30.33
CROSSOVERS/ALL OTH OUTPTNT	19	43		463.98	10.79	1.024	24.42	11.05
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	19	40	\$	4,394.65	\$ 109.87	.952	\$ 231.30	\$ 104.63
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	19	40		4,394.65	109.87	.952	231.30	104.63

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,300
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

42 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	8	203	\$ 5,775.81	\$ 28.45	4.833	\$ 721.98	\$ 137.52
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	195	5,653.69	28.99	4.643	1130.74	134.61
AMBULANCES/AIR TRANS	5	193	2,578.69	13.36	4.595	515.74	61.40
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	3,075.00	1537.50	.048	1537.50	73.21
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.048	16.64	.40
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	6	105.48	17.58	.143	52.74	2.51
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	6	23	\$ 25,583.04	\$ 1112.31	.548	\$ 4263.84	\$ 609.12
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

LAKE COUNTY

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

4,312 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,589	11,409	\$ 935,618.98	\$ 82.01	2.646	\$ 361.38	\$ 216.98
@PHYSICIANS SERVICES	615	1,785	\$ 75,815.49	\$ 42.47	.414	\$ 123.28	\$ 17.58
OUTPATIENT VISITS	392	785	25,556.58	32.56	.182	65.20	5.93
OFFICE VISITS	127	168	5,498.83	32.73	.039	43.30	1.28
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	230	270	15,063.11	55.79	.063	65.49	3.49
PREVENTIVE CARE	1	1	65.78	65.78	.000	65.78	.02
OB VISITS/COMPRE PERI	40	336	4,647.20	13.83	.078	116.18	1.08
OTHER OUTPATIENT	10	10	281.66	28.17	.002	28.17	.07
INPATIENT VISITS	40	185	14,395.28	77.81	.043	359.88	3.34
HOSPITAL VISITS	32	127	7,305.66	57.52	.029	228.30	1.69
CRITICAL CARE	10	58	7,089.62	122.23	.013	708.96	1.64
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	8	9	339.27	37.70	.002	42.41	.08
EXAMINATIONS	8	9	339.27	37.70	.002	42.41	.08
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	34	165	15,596.46	94.52	.038	458.72	3.62
PRINCIPAL SURGEON	26	33	11,499.41	348.47	.008	442.29	2.67
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	12	132	4,097.05	31.04	.031	341.42	.95
OUTPATIENT SURGERY	62	155	7,690.43	49.62	.036	124.04	1.78
PRINCIPAL SURGEON	52	66	6,041.00	91.53	.015	116.17	1.40
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	12	89	1,649.43	18.53	.021	137.45	.38
DIALYSIS	1	2	302.42	151.21	.000	302.42	.07
PATHOLOGY	51	69	1,922.54	27.86	.016	37.70	.45
RADIOLOGY	163	231	5,351.01	23.16	.054	32.83	1.24
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	5	9	169.34	18.82	.002	33.87	.04
OTHER SERVICES/ALL X-OVERS	71	175	4,492.16	25.67	.041	63.27	1.04
@PHARMACY	980	2,528	\$ 123,637.61	\$ 48.91	.586	\$ 126.16	\$ 28.67
PRESCRIPTION DRUGS	969	1,956	119,717.20	61.21	.454	123.55	27.76
SNF/ICF	7	51	4,292.90	84.17	.012	613.27	1.00
OUTPATIENTS	962	1,905	115,424.30	60.59	.442	119.98	26.77
MEDICAL SUPPLIES	36	572	3,920.41	6.85	.133	108.90	.91
@DENTIST	70	382	\$ 14,949.35	\$ 39.13	.089	\$ 213.56	\$ 3.47
VISITS - DIAGNOSTIC	45	228	4,033.85	17.69	.053	89.64	.94
ORAL SURGERY	17	59	5,255.00	89.07	.014	309.12	1.22
DRUGS	0	1	25.00	25.00	.000	.00	.01
ANESTHESIA	4	6	500.00	83.33	.001	125.00	.12
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	7	11	2,310.90	210.08	.003	330.13	.54
RESTORATIVE DENTISTRY	18	67	2,754.60	41.11	.016	153.03	.64
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	2	70.00	35.00	.000	35.00	.02
ALL OTHER SERVICES	3	8	.00	.00	.002	.00	.00

LAKE COUNTY

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

	4,312 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
						UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	64		150	\$ 3,893.81	\$ 25.96	.035	\$ 60.84	\$.90
DIAGNOSTIC AND ANC. PROCED	51		51	2,331.84	45.72	.012	45.72	.54
EYE APPLIANCES	36		98	1,550.56	15.82	.023	43.07	.36
OTHER OPTOMETRIC SERVICES	1		1	11.41	11.41	.000	11.41	.00
@CHIROPRACTOR	5		7	\$ 117.04	\$ 16.72	.002	\$ 23.41	\$.03
VISITS	5		7	117.04	16.72	.002	23.41	.03
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
@PODIATRIST	1		1	\$ 37.42	\$ 37.42	.000	\$ 37.42	\$.01
MEDICINE/INJECTIONS	1		1	37.42	37.42	.000	37.42	.01
SURGERY/ANES.	0		0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0		0	.00	.00	.000	.00	.00
OTHER	0		0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	11		21	\$ 1,303.68	\$ 62.08	.005	\$ 118.52	\$.30
NURSE ANESTHESIST	2		12	\$ 208.94	\$ 17.41	.003	\$ 104.47	\$.05
NURSE MIDWIFE	3		4	\$ 170.51	\$ 42.63	.001	\$ 56.84	\$.04
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	607		2,930	\$ 413,864.52	\$ 141.25	.679	\$ 681.82	\$ 95.98
HOSP INPATIENT TOTAL	41		167	312,970.85	1874.08	.039	7633.44	72.58
HSC HOSPITALS	10		89	137,137.00	1540.87	.021	13713.70	31.80
NON-HSC HOSPITAL TOTAL	31		78	175,833.85	2254.28	.018	5672.06	40.78
ACCOMMODATIONS	31		78	54,896.67	703.80	.018	1770.86	12.73
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	31		78	54,896.67	703.80	.018	1770.86	12.73
ANCILLARIES	31		0	120,937.18	.00	.000	3901.20	28.05
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	586		2,763	100,893.67	36.52	.641	172.17	23.40
MEDICAL	127		185	8,675.36	46.89	.043	68.31	2.01
SURGERY	32		47	1,722.43	36.65	.011	53.83	.40
PATHOLOGY	272		1,364	17,460.75	12.80	.316	64.19	4.05
RADIOLOGY	171		224	11,684.74	52.16	.052	68.33	2.71
ROOM USE	326		448	17,772.67	39.67	.104	54.52	4.12
CROSSOVERS/ALL OTH OUTPTNT	209		495	43,577.72	88.04	.115	208.51	10.11
@COUNTY HOSPITAL TOTAL	2		25	\$ 727.10	\$ 29.08	.006	\$ 363.55	\$.17
CO HOSPITAL INPATIENT TOTAL	0		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2		25	727.10	29.08	.006	363.55	.17
MEDICAL	0		0	.00	.00	.000	.00	.00
SURGERY	1		2	61.20	30.60	.000	61.20	.01
PATHOLOGY	1		7	132.60	18.94	.002	132.60	.03
RADIOLOGY	1		1	35.73	35.73	.000	35.73	.01
ROOM USE	2		6	408.24	68.04	.001	204.12	.09

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
4,312 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	605	2,905	\$ 413,137.42	\$ 142.22	.674	\$ 682.87	\$ 95.81
COMM HOSP INPATIENT TOTAL	41	167	312,970.85	1874.08	.039	7633.44	72.58
HSC HOSPITALS	10	89	137,137.00	1540.87	.021	13713.70	31.80
NON-HSC HOSPITALS TOTAL	31	78	175,833.85	2254.28	.018	5672.06	40.78
ACCOMMODATIONS	31	78	54,896.67	703.80	.018	1770.86	12.73
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	31	78	54,896.67	703.80	.018	1770.86	12.73
ANCILLARIES	31	0	120,937.18	.00	.000	3901.20	28.05
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	584	2,738	100,166.57	36.58	.635	171.52	23.23
MEDICAL	127	185	8,675.36	46.89	.043	68.31	2.01
SURGERY	31	45	1,661.23	36.92	.010	53.59	.39
PATHOLOGY	271	1,357	17,328.15	12.77	.315	63.94	4.02
RADIOLOGY	170	223	11,649.01	52.24	.052	68.52	2.70
ROOM USE	324	442	17,364.43	39.29	.103	53.59	4.03
CROSSOVERS/ALL OTH OUTPTNT	207	486	43,488.39	89.48	.113	210.09	10.09
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	3	\$ 49.24	\$ 16.41	.001	\$ 49.24	\$.01
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	1	3	49.24	16.41	.001	49.24	.01
@LABORATORY FACILITY	34	96	\$ 1,447.45	\$ 15.08	.022	\$ 42.57	\$.34
PATHOLOGY	34	96	1,447.45	15.08	.022	42.57	.34
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1,320	2,208	\$ 275,367.60	\$ 124.71	.512	\$ 208.61	\$ 63.86
CLINIC	16	71	2,344.03	33.01	.016	146.50	.54
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,306	2,137	273,023.57	127.76	.496	209.05	63.32
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 5,304
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL						

4,312 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	154	1,282	\$ 24,756.32	\$ 19.31	.297	\$ 160.76	\$ 5.74
DURABLE MED. EQUIP.	18	25	3,358.16	134.33	.006	186.56	.78
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	52	1,050	17,182.02	16.36	.244	330.42	3.98
AMBULANCES/AIR TRANS	52	1,046	10,507.02	10.04	.243	202.06	2.44
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	4	4	6,675.00	1668.75	.001	1668.75	1.55
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	9	9	945.00	105.00	.002	105.00	.22
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	39	86	788.60	9.17	.020	20.22	.18
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	4	835.22	208.81	.001	835.22	.19
PROSTHETICS	1	4	835.22	208.81	.001	835.22	.19
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	110.19	55.10	.000	110.19	.03
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	27	98	1,473.05	15.03	.023	54.56	.34
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9	8	64.08	8.01	.002	7.12	.01
@CALIF. CHILDREN SERVICES*	53	1,061	\$ 127,799.66	\$ 120.45	.246	\$ 2411.31	\$ 29.64

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,305

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

LAKE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,306
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000		.00	.00
EYE APPLIANCES	0	0	.00	.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000		\$.00	\$.00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000		\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000		.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000		.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000		.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000		.00	.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	0	0	.00	.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000		.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,307
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,308
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 5,309
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT	AID CODE 86

239 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	443	3,797	\$ 481,952.33	\$ 126.93	15.887	\$ 1087.93	\$ 2016.54
@PHYSICIANS SERVICES	206	1,170	\$ 47,150.02	\$ 40.30	4.895	\$ 228.88	\$ 197.28
OUTPATIENT VISITS	114	679	11,564.98	17.03	2.841	101.45	48.39
OFFICE VISITS	18	25	776.65	31.07	.105	43.15	3.25
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	30	32	2,037.37	63.67	.134	67.91	8.52
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	73	620	8,701.76	14.04	2.594	119.20	36.41

OTHER OUTPATIENT	2	2	49.20	24.60	.008	24.60	.21
INPATIENT VISITS	21	80	5,101.78	63.77	.335	242.94	21.35
HOSPITAL VISITS	21	56	2,457.51	43.88	.234	117.02	10.28
CRITICAL CARE	2	24	2,644.27	110.18	.100	1322.14	11.06
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	33	155	15,535.11	100.23	.649	470.76	65.00
PRINCIPAL SURGEON	23	27	12,683.28	469.75	.113	551.45	53.07
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	12	128	2,851.83	22.28	.536	237.65	11.93
OUTPATIENT SURGERY	30	55	2,208.14	40.15	.230	73.60	9.24
PRINCIPAL SURGEON	26	32	1,643.77	51.37	.134	63.22	6.88
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	23	564.37	24.54	.096	112.87	2.36
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	32	48	1,071.54	22.32	.201	33.49	4.48
RADIOLOGY	59	70	2,476.14	35.37	.293	41.97	10.36
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	8	34	7,567.97	222.59	.142	946.00	31.67
OTHER SERVICES/ALL X-OVERS	20	49	1,624.36	33.15	.205	81.22	6.80
@PHARMACY	139	299	\$ 19,120.43	\$ 63.95	1.251	\$ 137.56	\$ 80.00
PRESCRIPTION DRUGS	135	285	18,843.43	66.12	1.192	139.58	78.84
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	135	285	18,843.43	66.12	1.192	139.58	78.84
MEDICAL SUPPLIES	7	14	277.00	19.79	.059	39.57	1.16
@DENTIST	3	8	\$ 1,323.00	\$ 165.38	.033	\$ 441.00	\$ 5.54
VISITS - DIAGNOSTIC	2	4	58.00	14.50	.017	29.00	.24
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	2	415.00	207.50	.008	415.00	1.74
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2	850.00	425.00	.008	850.00	3.56
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,310
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

239 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	8	\$ 172.59	\$ 21.57	.033	\$ 86.30	\$.72
DIAGNOSTIC AND ANC. PROCED	2	2	86.89	43.45	.008	43.45	.36
EYE APPLIANCES	2	6	85.70	14.28	.025	42.85	.36
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	11	17	\$ 936.71	\$ 55.10	.071	\$ 85.16	\$ 3.92
NURSE ANESTHESIST	1	4	100.92	25.23	.017	100.92	.42
NURSE MIDWIFE	7	108	2,004.26	18.56	.452	286.32	8.39
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	214	1,340	\$ 336,202.63	\$ 250.90	5.607	\$ 1571.04	\$ 1406.71
HOSP INPATIENT TOTAL	35	185	311,366.33	1683.06	.774	8896.18	1302.79
HSC HOSPITALS	7	53	88,157.04	1663.34	.222	12593.86	368.86
NON-HSC HOSPITAL TOTAL	29	132	223,209.29	1690.98	.552	7696.87	933.93
ACCOMMODATIONS	29	132	106,838.90	809.39	.552	3684.10	447.02
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	29	132	106,838.90	809.39	.552	3684.10	447.02
ANCILLARIES	29	0	116,370.39	.00	.000	4012.77	486.91
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	204	1,155	24,836.30	21.50	4.833	121.75	103.92
MEDICAL	21	41	1,553.29	37.89	.172	73.97	6.50
SURGERY	28	45	1,419.72	31.55	.188	50.70	5.94
PATHOLOGY	145	623	8,561.40	13.74	2.607	59.04	35.82
RADIOLOGY	59	63	5,367.16	85.19	.264	90.97	22.46
ROOM USE	65	105	4,382.98	41.74	.439	67.43	18.34
CROSSOVERS/ALL OTH OUTPTNT	79	278	3,551.75	12.78	1.163	44.96	14.86
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,311
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

239 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	214	1,340	\$ 336,202.63	\$ 250.90	5.607	\$ 1571.04	\$ 1406.71
COMM HOSP INPATIENT TOTAL	35	185	311,366.33	1683.06	.774	8896.18	1302.79
HSC HOSPITALS	7	53	88,157.04	1663.34	.222	12593.86	368.86
NON-HSC HOSPITALS TOTAL	29	132	223,209.29	1690.98	.552	7696.87	933.93
ACCOMMODATIONS	29	132	106,838.90	809.39	.552	3684.10	447.02
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	29	132	106,838.90	809.39	.552	3684.10	447.02
ANCILLARIES	29	0	116,370.39	.00	.000	4012.77	486.91
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	204	1,155	24,836.30	21.50	4.833	121.75	103.92
MEDICAL	21	41	1,553.29	37.89	.172	73.97	6.50
SURGERY	28	45	1,419.72	31.55	.188	50.70	5.94
PATHOLOGY	145	623	8,561.40	13.74	2.607	59.04	35.82
RADIOLOGY	59	63	5,367.16	85.19	.264	90.97	22.46
ROOM USE	65	105	4,382.98	41.74	.439	67.43	18.34
CROSSOVERS/ALL OTH OUTPTNT	79	278	3,551.75	12.78	1.163	44.96	14.86
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	18	38	\$ 730.28	\$ 19.22	.159	\$ 40.57	\$ 3.06
PATHOLOGY	18	38	730.28	19.22	.159	40.57	3.06
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	224	522	\$ 63,561.34	\$ 121.77	2.184	\$ 283.76	\$ 265.95
CLINIC	20	95	4,344.67	45.73	.397	217.23	18.18
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	205	427	59,216.67	138.68	1.787	288.86	247.77

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,312
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

239 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	33	283	\$ 10,650.15	\$ 37.63	1.184	\$ 322.73	\$ 44.56
DURABLE MED. EQUIP.	3	4	289.98	72.50	.017	96.66	1.21
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	249	7,120.19	28.60	1.042	1017.17	29.79
AMBULANCES/AIR TRANS	7	247	3,520.19	14.25	1.033	502.88	14.73
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	3,600.00	1800.00	.008	1800.00	15.06
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	18	18	1,890.00	105.00	.075	105.00	7.91
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	9	90.81	10.09	.038	22.70	.38
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	144.48	144.48	.004	144.48	.60
PROSTHETICS	1	1	144.48	144.48	.004	144.48	.60
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	1	1	1,106.68	1106.68	.004	1106.68	4.63
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	8.01	8.01	.004	8.01	.03
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 5,313
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL	

239 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	443	3,797	\$ 481,952.33	\$ 126.93	15.887	\$ 1087.93	\$ 2016.54
@PHYSICIANS SERVICES	206	1,170	\$ 47,150.02	\$ 40.30	4.895	\$ 228.88	\$ 197.28

OUTPATIENT VISITS	114	679		11,564.98	17.03	2.841	101.45	48.39
OFFICE VISITS	18	25		776.65	31.07	.105	43.15	3.25
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	30	32		2,037.37	63.67	.134	67.91	8.52
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	73	620		8,701.76	14.04	2.594	119.20	36.41
OTHER OUTPATIENT	2	2		49.20	24.60	.008	24.60	.21
INPATIENT VISITS	21	80		5,101.78	63.77	.335	242.94	21.35
HOSPITAL VISITS	21	56		2,457.51	43.88	.234	117.02	10.28
CRITICAL CARE	2	24		2,644.27	110.18	.100	1322.14	11.06
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	33	155		15,535.11	100.23	.649	470.76	65.00
PRINCIPAL SURGEON	23	27		12,683.28	469.75	.113	551.45	53.07
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	12	128		2,851.83	22.28	.536	237.65	11.93
OUTPATIENT SURGERY	30	55		2,208.14	40.15	.230	73.60	9.24
PRINCIPAL SURGEON	26	32		1,643.77	51.37	.134	63.22	6.88
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	23		564.37	24.54	.096	112.87	2.36
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	32	48		1,071.54	22.32	.201	33.49	4.48
RADIOLOGY	59	70		2,476.14	35.37	.293	41.97	10.36
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	8	34		7,567.97	222.59	.142	946.00	31.67
OTHER SERVICES/ALL X-OVERS	20	49		1,624.36	33.15	.205	81.22	6.80
@PHARMACY	139	299	\$	19,120.43	\$ 63.95	1.251	\$ 137.56	\$ 80.00
PRESCRIPTION DRUGS	135	285		18,843.43	66.12	1.192	139.58	78.84
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	135	285		18,843.43	66.12	1.192	139.58	78.84
MEDICAL SUPPLIES	7	14		277.00	19.79	.059	39.57	1.16
@DENTIST	3	8	\$	1,323.00	\$ 165.38	.033	\$ 441.00	\$ 5.54
VISITS - DIAGNOSTIC	2	4		58.00	14.50	.017	29.00	.24
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	2		415.00	207.50	.008	415.00	1.74
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2		850.00	425.00	.008	850.00	3.56
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 5,314
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL							

		----- MONTHLY AVERAGE -----						
239 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	2	8	\$ 172.59	\$ 21.57	.033	\$ 86.30	\$.72	
DIAGNOSTIC AND ANC. PROCED	2	2	86.89	43.45	.008	43.45	.36	

EYE APPLIANCES	2	6		85.70		14.28	.025	42.85	.36
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	11	17	\$	936.71	\$	55.10	.071	\$ 85.16	\$ 3.92
NURSE ANESTHESIST	1	4	\$	100.92	\$	25.23	.017	\$ 100.92	\$.42
NURSE MIDWIFE	7	108	\$	2,004.26	\$	18.56	.452	\$ 286.32	\$ 8.39
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	214	1,340	\$	336,202.63	\$	250.90	5.607	\$ 1571.04	\$ 1406.71
HOSP INPATIENT TOTAL	35	185		311,366.33		1683.06	.774	8896.18	1302.79
HSC HOSPITALS	7	53		88,157.04		1663.34	.222	12593.86	368.86
NON-HSC HOSPITAL TOTAL	29	132		223,209.29		1690.98	.552	7696.87	933.93
ACCOMMODATIONS	29	132		106,838.90		809.39	.552	3684.10	447.02
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	29	132		106,838.90		809.39	.552	3684.10	447.02
ANCILLARIES	29	0		116,370.39		.00	.000	4012.77	486.91
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	204	1,155		24,836.30		21.50	4.833	121.75	103.92
MEDICAL	21	41		1,553.29		37.89	.172	73.97	6.50
SURGERY	28	45		1,419.72		31.55	.188	50.70	5.94
PATHOLOGY	145	623		8,561.40		13.74	2.607	59.04	35.82
RADIOLOGY	59	63		5,367.16		85.19	.264	90.97	22.46
ROOM USE	65	105		4,382.98		41.74	.439	67.43	18.34

CROSSOVERS/ALL OTH OUTPTNT	79	278		3,551.75		12.78	1.163	44.96	14.86
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,315
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

	239 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	214		1,340	\$ 336,202.63	\$ 250.90	5.607	\$ 1571.04	\$ 1406.71
COMM HOSP INPATIENT TOTAL	35		185	311,366.33	1683.06	.774	8896.18	1302.79
HSC HOSPITALS	7		53	88,157.04	1663.34	.222	12593.86	368.86
NON-HSC HOSPITALS TOTAL	29		132	223,209.29	1690.98	.552	7696.87	933.93
ACCOMMODATIONS	29		132	106,838.90	809.39	.552	3684.10	447.02
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	29		132	106,838.90	809.39	.552	3684.10	447.02
ANCILLARIES	29		0	116,370.39	.00	.000	4012.77	486.91
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	204		1,155	24,836.30	21.50	4.833	121.75	103.92
MEDICAL	21		41	1,553.29	37.89	.172	73.97	6.50
SURGERY	28		45	1,419.72	31.55	.188	50.70	5.94
PATHOLOGY	145		623	8,561.40	13.74	2.607	59.04	35.82
RADIOLOGY	59		63	5,367.16	85.19	.264	90.97	22.46
ROOM USE	65		105	4,382.98	41.74	.439	67.43	18.34
CROSSOVERS/ALL OTH OUTPTNT	79		278	3,551.75	12.78	1.163	44.96	14.86
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	0		0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0	.00	.00	.000	.00	.00
ICF DD	0		0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	18	38	\$ 730.28	\$ 19.22	.159	\$ 40.57	\$ 3.06
PATHOLOGY	18	38	730.28	19.22	.159	40.57	3.06
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	224	522	\$ 63,561.34	\$ 121.77	2.184	\$ 283.76	\$ 265.95
CLINIC	20	95	4,344.67	45.73	.397	217.23	18.18
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	205	427	59,216.67	138.68	1.787	288.86	247.77

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,316
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

	239 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	33	283	\$	10,650.15	\$ 37.63	1.184	\$ 322.73	\$ 44.56
DURABLE MED. EQUIP.	3	4		289.98	72.50	.017	96.66	1.21
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	249		7,120.19	28.60	1.042	1017.17	29.79
AMBULANCES/AIR TRANS	7	247		3,520.19	14.25	1.033	502.88	14.73
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	2	2		3,600.00	1800.00	.008	1800.00	15.06
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	18	18		1,890.00	105.00	.075	105.00	7.91
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	4	9		90.81	10.09	.038	22.70	.38
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1		144.48	144.48	.004	144.48	.60
PROSTHETICS	1	1		144.48	144.48	.004	144.48	.60
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	1	1		1,106.68	1106.68	.004	1106.68	4.63
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1		8.01	8.01	.004	8.01	.03
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,317
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

LAKE COUNTY

SUMMARY OF SERVICES FOR MIA - SOC - LTC

AID CODE 53

11 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----					
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@TOTAL, ALL PROVIDERS	16	481	\$ 36,408.24	\$ 75.69	43.727	\$ 2275.52	\$ 3309.84		
@PHYSICIANS SERVICES	2	3	\$ 19.26	\$ 6.42	.273	\$ 9.63	\$ 1.75		
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00		
OFFICE VISITS	0	0	.00	.00	.000	.00	.00		
HOME VISITS	0	0	.00	.00	.000	.00	.00		
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00		
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00		
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00		
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00		
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00		
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00		
CRITICAL CARE	0	0	.00	.00	.000	.00	.00		
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00		
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00		
EXAMINATIONS	0	0	.00	.00	.000	.00	.00		
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00		
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00		
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00		
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00		
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00		
DIALYSIS	0	0	.00	.00	.000	.00	.00		
PATHOLOGY	0	0	.00	.00	.000	.00	.00		
RADIOLOGY	1	2	16.78	8.39	.182	16.78	1.53		
PSYCHIATRY	0	0	.00	.00	.000	.00	.00		
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES/ALL X-OVERS	1	1	2.48	2.48	.091	2.48	.23		
@PHARMACY	11	164	\$ 11,261.63	\$ 68.67	14.909	\$ 1023.78	\$ 1023.78		
PRESCRIPTION DRUGS	11	164	11,261.63	68.67	14.909	1023.78	1023.78		
SNF/ICF	11	162	11,234.22	69.35	14.727	1021.29	1021.29		
OUTPATIENTS	1	2	27.41	13.71	.182	27.41	2.49		
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00		
@DENTIST	1	1	\$ 25.00	\$ 25.00	.091	\$ 25.00	\$ 2.27		
VISITS - DIAGNOSTIC	1	1	25.00	25.00	.091	25.00	2.27		
ORAL SURGERY	0	0	.00	.00	.000	.00	.00		
DRUGS	0	0	.00	.00	.000	.00	.00		
ANESTHESIA	0	0	.00	.00	.000	.00	.00		
PERIODONTICS	0	0	.00	.00	.000	.00	.00		
ENDODONTICS	0	0	.00	.00	.000	.00	.00		
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00		
PROSTHETICS	0	0	.00	.00	.000	.00	.00		
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00		
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00		
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00		
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00		
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00		
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00		

LAKE COUNTY

SUMMARY OF SERVICES FOR MIA - SOC - LTC

AID CODE 53

11 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	4	4	\$ 12.40	\$ 3.10	.364	\$ 3.10	\$ 1.13	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	4	4	12.40	3.10	.364	3.10	1.13	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	2	14	\$ 199.15	\$ 14.23	1.273	\$ 99.58	\$ 18.10	
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	2	14	199.15	14.23	1.273	99.58	18.10	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	1	12	152.26	12.69	1.091	152.26	13.84	
RADIOLOGY	1	2	46.89	23.45	.182	46.89	4.26	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	

						AID CODE 53	
						----- MONTHLY AVERAGE -----	
11 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	14	\$ 199.15	\$ 14.23	1.273	\$ 99.58	\$ 18.10
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	14	199.15	14.23	1.273	99.58	18.10
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	12	152.26	12.69	1.091	152.26	13.84
RADIOLOGY	1	2	46.89	23.45	.182	46.89	4.26
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	10	276	\$ 23,992.00	\$ 86.93	25.091	\$ 2399.20	\$ 2181.09
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	10	276	23,992.00	86.93	25.091	2399.20	2181.09
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	\$.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	4	5	\$ 513.57	\$ 102.71	.455	\$ 128.39	\$ 46.69
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	4	5	513.57	102.71	.455	128.39	46.69
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 5,320
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - LTC						AID CODE 53

11 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3	14	\$ 385.23	\$ 27.52	1.273	\$ 128.41	\$ 35.02
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	12	286.04	23.84	1.091	143.02	26.00
AMBULANCES/AIR TRANS	2	12	286.04	23.84	1.091	143.02	26.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	99.19	49.60	.182	99.19	9.02
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 4 5 \$ 14.88 \$ 2.98 .455 \$ 3.72 \$ 1.35

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,321

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

LAKE COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT

AID CODE 87

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	8	57	\$ 4,460.59	\$ 78.26	14.250	\$ 557.57	\$ 1115.15
@PHYSICIANS SERVICES	5	23	\$ 1,964.90	\$ 85.43	5.750	\$ 392.98	\$ 491.23
OUTPATIENT VISITS	2	2	149.41	74.71	.500	74.71	37.35
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	149.41	74.71	.500	74.71	37.35
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	1,088.56	1088.56	.250	1088.56	272.14
PRINCIPAL SURGEON	1	1	1,088.56	1088.56	.250	1088.56	272.14
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	15	568.21	37.88	3.750	189.40	142.05
PRINCIPAL SURGEON	2	2	394.21	197.11	.500	197.11	98.55
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	13	174.00	13.38	3.250	174.00	43.50
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	48.20	48.20	.250	48.20	12.05
RADIOLOGY	2	4	110.52	27.63	1.000	55.26	27.63
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,322
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	4	33	\$ 2,378.63	\$ 72.08	8.250	\$ 594.66	\$ 594.66
HOSP INPATIENT TOTAL	1	2	1,663.87	831.94	.500	1663.87	415.97
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	2	1,663.87	831.94	.500	1663.87	415.97
ACCOMMODATIONS	1	2	623.48	311.74	.500	623.48	155.87
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	623.48	311.74	.500	623.48	155.87
ANCILLARIES	1	0	1,040.39	.00	.000	1040.39	260.10
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4	31	714.76	23.06	7.750	178.69	178.69
MEDICAL	3	5	138.99	27.80	1.250	46.33	34.75
SURGERY	2	2	91.98	45.99	.500	45.99	23.00
PATHOLOGY	2	7	58.26	8.32	1.750	29.13	14.57
RADIOLOGY	1	2	108.02	54.01	.500	108.02	27.01
ROOM USE	2	4	201.98	50.50	1.000	100.99	50.50
CROSSOVERS/ALL OTH OUTPTNT	2	11	115.53	10.50	2.750	57.77	28.88
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,323
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	33	\$ 2,378.63	\$ 72.08	8.250	\$ 594.66	\$ 594.66
COMM HOSP INPATIENT TOTAL	1	2	1,663.87	831.94	.500	1663.87	415.97
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	2	1,663.87	831.94	.500	1663.87	415.97
ACCOMMODATIONS	1	2	623.48	311.74	.500	623.48	155.87
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	623.48	311.74	.500	623.48	155.87
ANCILLARIES	1	0	1,040.39	.00	.000	1040.39	260.10
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	31	714.76	23.06	7.750	178.69	178.69
MEDICAL	3	5	138.99	27.80	1.250	46.33	34.75
SURGERY	2	2	91.98	45.99	.500	45.99	23.00
PATHOLOGY	2	7	58.26	8.32	1.750	29.13	14.57
RADIOLOGY	1	2	108.02	54.01	.500	108.02	27.01
ROOM USE	2	4	201.98	50.50	1.000	100.99	50.50
CROSSOVERS/ALL OTH OUTPTNT	2	11	115.53	10.50	2.750	57.77	28.88
@STATE HOSPITAL	0	0	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$ 117.06	\$ 117.06	.250	\$ 117.06	\$ 29.27
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1	117.06	117.06	.250	117.06	29.27

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,324

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

LAKE COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 5,325
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - TOTAL	

15 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	24	538	\$ 40,868.83	\$ 75.96	35.867	\$ 1702.87	\$ 2724.59
@PHYSICIANS SERVICES	7	26	\$ 1,984.16	\$ 76.31	1.733	\$ 283.45	\$ 132.28
OUTPATIENT VISITS	2	2	149.41	74.71	.133	74.71	9.96
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	149.41	74.71	.133	74.71	9.96
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	1,088.56	1088.56	.067	1088.56	72.57
PRINCIPAL SURGEON	1	1	1,088.56	1088.56	.067	1088.56	72.57
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	15	568.21	37.88	1.000	189.40	37.88
PRINCIPAL SURGEON	2	2	394.21	197.11	.133	197.11	26.28
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	13	174.00	13.38	.867	174.00	11.60
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	48.20	48.20	.067	48.20	3.21
RADIOLOGY	3	6	127.30	21.22	.400	42.43	8.49
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	2.48	2.48	.067	2.48	.17
@PHARMACY	11	164	\$ 11,261.63	\$ 68.67	10.933	\$ 1023.78	\$ 750.78
PRESCRIPTION DRUGS	11	164	11,261.63	68.67	10.933	1023.78	750.78
SNF/ICF	11	162	11,234.22	69.35	10.800	1021.29	748.95
OUTPATIENTS	1	2	27.41	13.71	.133	27.41	1.83
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	1	1	\$ 25.00	\$ 25.00	.067	\$ 25.00	\$ 1.67
VISITS - DIAGNOSTIC	1	1	25.00	25.00	.067	25.00	1.67
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,326
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

15 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00		.00
EYE APPLIANCES	0	0	.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$	.00
VISITS	0	0	.00	.00	.000	.00		.00
OTHER SERVICES	0	0	.00	.00	.000	.00		.00
@PODIATRIST	4	4	\$ 12.40	\$ 3.10	.267	\$ 3.10	\$	.83
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00		.00
SURGERY/ANES.	0	0	.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00		.00
OTHER	4	4	12.40	3.10	.267	3.10		.83
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$	.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	\$	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$	.00
@TOTAL HOSPITAL	6	47	\$ 2,577.78	\$ 54.85	3.133	\$ 429.63	\$	171.85
HOSP INPATIENT TOTAL	1	2	1,663.87	831.94	.133	1663.87		110.92
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	1	2	1,663.87	831.94	.133	1663.87		110.92
ACCOMMODATIONS	1	2	623.48	311.74	.133	623.48		41.57
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	1	2	623.48	311.74	.133	623.48		41.57
ANCILLARIES	1	0	1,040.39	.00	.000	1040.39		69.36
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	6	45	913.91	20.31	3.000	152.32		60.93
MEDICAL	3	5	138.99	27.80	.333	46.33		9.27
SURGERY	2	2	91.98	45.99	.133	45.99		6.13
PATHOLOGY	3	19	210.52	11.08	1.267	70.17		14.03
RADIOLOGY	2	4	154.91	38.73	.267	77.46		10.33
ROOM USE	2	4	201.98	50.50	.267	100.99		13.47
CROSSOVERS/ALL OTH OUTPTNT	2	11	115.53	10.50	.733	57.77		7.70
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,327
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

15 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6	47	\$ 2,577.78	\$ 54.85	3.133	\$ 429.63	\$ 171.85
COMM HOSP INPATIENT TOTAL	1	2	1,663.87	831.94	.133	1663.87	110.92
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	2	1,663.87	831.94	.133	1663.87	110.92
ACCOMMODATIONS	1	2	623.48	311.74	.133	623.48	41.57
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	623.48	311.74	.133	623.48	41.57
ANCILLARIES	1	0	1,040.39	.00	.000	1040.39	69.36
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6	45	913.91	20.31	3.000	152.32	60.93
MEDICAL	3	5	138.99	27.80	.333	46.33	9.27
SURGERY	2	2	91.98	45.99	.133	45.99	6.13
PATHOLOGY	3	19	210.52	11.08	1.267	70.17	14.03
RADIOLOGY	2	4	154.91	38.73	.267	77.46	10.33
ROOM USE	2	4	201.98	50.50	.267	100.99	13.47
CROSSOVERS/ALL OTH OUTPTNT	2	11	115.53	10.50	.733	57.77	7.70
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	10	276	\$ 23,992.00	\$ 86.93	18.400	\$ 2399.20	\$ 1599.47
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	10	276	23,992.00	86.93	18.400	2399.20	1599.47
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	5	6	\$ 630.63	\$ 105.11	.400	\$ 126.13	\$ 42.04
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	5	6	630.63	105.11	.400	126.13	42.04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,328
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

	15 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3	14	\$ 385.23	\$ 27.52	.933	\$ 128.41	\$ 25.68	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	2	12	286.04	23.84	.800	143.02	19.07	
AMBULANCES/AIR TRANS	2	12	286.04	23.84	.800	143.02	19.07	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	0	0	.00	.00	.000	.00	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	1	2	99.19	49.60	.133	99.19	6.61	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@XOVER EXCLUDING STATE HOSP**	4	5	\$ 14.88	\$ 2.98	.333	\$ 3.72	\$.99	

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,329
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00	

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000 \$	.00 \$	.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,330
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.00	.000	.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,331
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,332
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0		0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0		0	.00	.00	.000	.00	.00
OTHER TRANS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	0		0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0		0	.00	.00	.000	.00	.00
PROSTHETICS	0		0	.00	.00	.000	.00	.00
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0		0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0		0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0		0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0		0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0		0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0		0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

LAKE COUNTY

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

254 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----			
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	467	4,335	\$ 522,821.16	\$ 120.60	17.067	\$ 1119.53	\$ 2058.35	
@PHYSICIANS SERVICES	213	1,196	\$ 49,134.18	\$ 41.08	4.709	\$ 230.68	\$ 193.44	
OUTPATIENT VISITS	116	681	11,714.39	17.20	2.681	100.99	46.12	
OFFICE VISITS	18	25	776.65	31.07	.098	43.15	3.06	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	32	34	2,186.78	64.32	.134	68.34	8.61	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	73	620	8,701.76	14.04	2.441	119.20	34.26	
OTHER OUTPATIENT	2	2	49.20	24.60	.008	24.60	.19	
INPATIENT VISITS	21	80	5,101.78	63.77	.315	242.94	20.09	
HOSPITAL VISITS	21	56	2,457.51	43.88	.220	117.02	9.68	
CRITICAL CARE	2	24	2,644.27	110.18	.094	1322.14	10.41	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	34	156	16,623.67	106.56	.614	488.93	65.45	
PRINCIPAL SURGEON	24	28	13,771.84	491.85	.110	573.83	54.22	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	12	128	2,851.83	22.28	.504	237.65	11.23	
OUTPATIENT SURGERY	33	70	2,776.35	39.66	.276	84.13	10.93	
PRINCIPAL SURGEON	28	34	2,037.98	59.94	.134	72.79	8.02	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	6	36	738.37	20.51	.142	123.06	2.91	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	33	49	1,119.74	22.85	.193	33.93	4.41	
RADIOLOGY	62	76	2,603.44	34.26	.299	41.99	10.25	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	8	34	7,567.97	222.59	.134	946.00	29.80	
OTHER SERVICES/ALL X-OVERS	21	50	1,626.84	32.54	.197	77.47	6.40	
@PHARMACY	150	463	\$ 30,382.06	\$ 65.62	1.823	\$ 202.55	\$ 119.61	
PRESCRIPTION DRUGS	146	449	30,105.06	67.05	1.768	206.20	118.52	
SNF/ICF	11	162	11,234.22	69.35	.638	1021.29	44.23	
OUTPATIENTS	136	287	18,870.84	65.75	1.130	138.76	74.29	
MEDICAL SUPPLIES	7	14	277.00	19.79	.055	39.57	1.09	
@DENTIST	4	9	\$ 1,348.00	\$ 149.78	.035	\$ 337.00	\$ 5.31	
VISITS - DIAGNOSTIC	3	5	83.00	16.60	.020	27.67	.33	
ORAL SURGERY	0	0	.00	.00	.000	.00	.00	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	1	2	415.00	207.50	.008	415.00	1.63	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	1	2	850.00	425.00	.008	850.00	3.35	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00	

LAKE COUNTY

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

254 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	8	\$ 172.59	\$ 21.57	.031	\$ 86.30	\$.68
DIAGNOSTIC AND ANC. PROCED	2	2	86.89	43.45	.008	43.45	.34
EYE APPLIANCES	2	6	85.70	14.28	.024	42.85	.34
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	4	4	\$ 12.40	\$ 3.10	.016	\$ 3.10	\$.05
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	4	4	12.40	3.10	.016	3.10	.05
@HOME HEALTH AGENCY	11	17	\$ 936.71	\$ 55.10	.067	\$ 85.16	\$ 3.69
NURSE ANESTHESIST	1	4	\$ 100.92	\$ 25.23	.016	\$ 100.92	\$.40
NURSE MIDWIFE	7	108	\$ 2,004.26	\$ 18.56	.425	\$ 286.32	\$ 7.89
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	220	1,387	\$ 338,780.41	\$ 244.25	5.461	\$ 1539.91	\$ 1333.78
HOSP INPATIENT TOTAL	36	187	313,030.20	1673.96	.736	8695.28	1232.40
HSC HOSPITALS	7	53	88,157.04	1663.34	.209	12593.86	347.07
NON-HSC HOSPITAL TOTAL	30	134	224,873.16	1678.16	.528	7495.77	885.33
ACCOMMODATIONS	30	134	107,462.38	801.96	.528	3582.08	423.08
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	30	134	107,462.38	801.96	.528	3582.08	423.08
ANCILLARIES	30	0	117,410.78	.00	.000	3913.69	462.25
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	210	1,200	25,750.21	21.46	4.724	122.62	101.38
MEDICAL	24	46	1,692.28	36.79	.181	70.51	6.66
SURGERY	30	47	1,511.70	32.16	.185	50.39	5.95
PATHOLOGY	148	642	8,771.92	13.66	2.528	59.27	34.54
RADIOLOGY	61	67	5,522.07	82.42	.264	90.53	21.74
ROOM USE	67	109	4,584.96	42.06	.429	68.43	18.05
CROSSOVERS/ALL OTH OUTPTNT	81	289	3,667.28	12.69	1.138	45.28	14.44
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,335
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

	254 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	220	1,387	\$	338,780.41	\$ 244.25	5.461	\$ 1539.91	\$ 1333.78
COMM HOSP INPATIENT TOTAL	36	187		313,030.20	1673.96	.736	8695.28	1232.40
HSC HOSPITALS	7	53		88,157.04	1663.34	.209	12593.86	347.07
NON-HSC HOSPITALS TOTAL	30	134		224,873.16	1678.16	.528	7495.77	885.33
ACCOMMODATIONS	30	134		107,462.38	801.96	.528	3582.08	423.08
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	30	134		107,462.38	801.96	.528	3582.08	423.08
ANCILLARIES	30	0		117,410.78	.00	.000	3913.69	462.25
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	210	1,200		25,750.21	21.46	4.724	122.62	101.38
MEDICAL	24	46		1,692.28	36.79	.181	70.51	6.66
SURGERY	30	47		1,511.70	32.16	.185	50.39	5.95
PATHOLOGY	148	642		8,771.92	13.66	2.528	59.27	34.54
RADIOLOGY	61	67		5,522.07	82.42	.264	90.53	21.74
ROOM USE	67	109		4,584.96	42.06	.429	68.43	18.05
CROSSOVERS/ALL OTH OUTPTNT	81	289		3,667.28	12.69	1.138	45.28	14.44
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	10	276	\$	23,992.00	\$ 86.93	1.087	\$ 2399.20	\$ 94.46
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	10	276	23,992.00	86.93	1.087	2399.20	94.46
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	\$.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	18	38	\$ 730.28	\$ 19.22	.150	\$ 40.57	\$ 2.88
PATHOLOGY	18	38	730.28	19.22	.150	40.57	2.88
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	229	528	\$ 64,191.97	\$ 121.58	2.079	\$ 280.31	\$ 252.72
CLINIC	20	95	4,344.67	45.73	.374	217.23	17.11
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	210	433	59,847.30	138.22	1.705	284.99	235.62
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 5,336
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL						

254 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	36	297	\$ 11,035.38	\$ 37.16	1.169	\$ 306.54	\$ 43.45
DURABLE MED. EQUIP.	3	4	289.98	72.50	.016	96.66	1.14
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	9	261	7,406.23	28.38	1.028	822.91	29.16
AMBULANCES/AIR TRANS	9	259	3,806.23	14.70	1.020	422.91	14.99
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	3,600.00	1800.00	.008	1800.00	14.17
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	18	18	1,890.00	105.00	.071	105.00	7.44
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	9	90.81	10.09	.035	22.70	.36
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	144.48	144.48	.004	144.48	.57
PROSTHETICS	1	1	144.48	144.48	.004	144.48	.57
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	99.19	49.60	.008	99.19	.39
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	1	1	1,106.68	1106.68	.004	1106.68	4.36
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	8.01	8.01	.004	8.01	.03
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 4 5 \$ 14.88 \$ 2.98 .020 \$ 3.72 \$.06

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

LAKE COUNTY SUMMARY OF SERVICES FOR ALL AGED

	16,522 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS		14,795	409,786	\$ 12,350,899.50	\$ 30.14	24.802	\$ 834.80	\$ 747.54
@PHYSICIANS SERVICES		2,546	10,014	\$ 157,958.61	\$ 15.77	.606	\$ 62.04	\$ 9.56
OUTPATIENT VISITS		83	127	6,251.35	49.22	.008	75.32	.38
OFFICE VISITS		52	73	2,089.18	28.62	.004	40.18	.13
HOME VISITS		1	1	34.30	34.30	.000	34.30	.00
EMERGENCY ROOM		34	53	4,127.87	77.88	.003	121.41	.25
PREVENTIVE CARE		0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI		0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT		0	0	.00	.00	.000	.00	.00
INPATIENT VISITS		40	172	8,669.71	50.41	.010	216.74	.52
HOSPITAL VISITS		28	127	5,321.28	41.90	.008	190.05	.32
CRITICAL CARE		7	25	2,789.20	111.57	.002	398.46	.17
SNF/ICF/TRANS IP CARE		12	20	559.23	27.96	.001	46.60	.03
OPHTHALMOLOGICAL SERVICES		17	19	651.31	34.28	.001	38.31	.04
EXAMINATIONS		17	19	651.31	34.28	.001	38.31	.04
SERVICES AND MATERIALS		0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY		12	58	5,275.36	90.95	.004	439.61	.32
PRINCIPAL SURGEON		9	18	4,618.76	256.60	.001	513.20	.28
ASSISTANT SURGEON		1	1	71.85	71.85	.000	71.85	.00
ANESTHESIOLOGIST		4	39	584.75	14.99	.002	146.19	.04
OUTPATIENT SURGERY		21	62	4,099.97	66.13	.004	195.24	.25
PRINCIPAL SURGEON		19	32	3,643.94	113.87	.002	191.79	.22
ASSISTANT SURGEON		0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST		3	30	456.03	15.20	.002	152.01	.03
DIALYSIS		0	0	.00	.00	.000	.00	.00
PATHOLOGY		15	18	365.41	20.30	.001	24.36	.02
RADIOLOGY		60	137	3,818.06	27.87	.008	63.63	.23
PSYCHIATRY		0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION		2	2	43.76	21.88	.000	21.88	.00
OTHER SERVICES/ALL X-OVERS		2,416	9,419	128,783.68	13.67	.570	53.30	7.79
@PHARMACY		12,179	244,944	\$ 3,968,797.04	\$ 16.20	14.825	\$ 325.87	\$ 240.21
PRESCRIPTION DRUGS		11,947	58,833	3,796,721.92	64.53	3.561	317.80	229.80
SNF/ICF		1,755	12,316	678,679.57	55.11	.745	386.71	41.08
OUTPATIENTS		10,213	46,517	3,118,042.35	67.03	2.815	305.30	188.72
MEDICAL SUPPLIES		1,568	186,111	172,075.12	.92	11.264	109.74	10.41
@DENTIST		314	829	\$ 45,960.30	\$ 55.44	.050	\$ 146.37	\$ 2.78
VISITS - DIAGNOSTIC		254	526	9,819.05	18.67	.032	38.66	.59
ORAL SURGERY		23	130	6,458.25	49.68	.008	280.79	.39
DRUGS		0	0	.00	.00	.000	.00	.00
ANESTHESIA		5	5	600.00	120.00	.000	120.00	.04
PERIODONTICS		3	3	354.00	118.00	.000	118.00	.02
ENDODONTICS		8	10	2,371.00	237.10	.001	296.38	.14
RESTORATIVE DENTISTRY		26	57	3,551.00	62.30	.003	136.58	.21
PROSTHETICS		2	2	60.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES		46	98	22,747.00	232.11	.006	494.50	1.38
SPACE MAINTAINERS		0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	2CR	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,338
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR ALL AGED

16,522 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	379	987	\$ 17,708.55	\$ 17.94	.060	\$ 46.72	\$ 1.07
DIAGNOSTIC AND ANC. PROCED	10	10	486.14	48.61	.001	48.61	.03
EYE APPLIANCES	337	888	15,506.38	17.46	.054	46.01	.94
OTHER OPTOMETRIC SERVICES	48	89	1,716.03	19.28	.005	35.75	.10
@CHIROPRACTOR	15	21	\$ 301.02	\$ 14.33	.001	\$ 20.07	\$.02
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	15	21	301.02	14.33	.001	20.07	.02
@PODIATRIST	284	400	\$ 2,299.47	\$ 5.75	.024	\$ 8.10	\$.14
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	284	400	2,299.47	5.75	.024	8.10	.14
@HOME HEALTH AGENCY	12	61	\$ 4,308.31	\$ 70.63	.004	\$ 359.03	\$.26
NURSE ANESTHESIST	1	18	\$ 53.71	\$ 2.98	.001	\$ 53.71	\$.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	2,648	17,362	\$ 1,491,918.46	\$ 85.93	1.051	\$ 563.41	\$ 90.30
HOSP INPATIENT TOTAL	342	349	1,225,071.33	3510.23	.021	3582.08	74.15
HSC HOSPITALS	4	26	31,776.55	1222.18	.002	7944.14	1.92
NON-HSC HOSPITAL TOTAL	40	323	941,536.72	2914.97	.020	23538.42	56.99
ACCOMMODATIONS	40	323	298,116.83	922.96	.020	7452.92	18.04
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	40	323	298,116.83	922.96	.020	7452.92	18.04
ANCILLARIES	40	0	643,419.89	.00	.000	16085.50	38.94
INPATIENT CROSSOVERS	298	0	251,758.06	.00	.000	844.83	15.24
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,515	17,013	266,847.13	15.68	1.030	106.10	16.15
MEDICAL	21	40	2,724.83	68.12	.002	129.75	.16
SURGERY	5	5	264.56	52.91	.000	52.91	.02
PATHOLOGY	52	222	2,635.39	11.87	.013	50.68	.16
RADIOLOGY	47	67	4,789.80	71.49	.004	101.91	.29
ROOM USE	30	38	1,598.27	42.06	.002	53.28	.10
CROSSOVERS/ALL OTH OUTPTNT	2,455	16,641	254,834.28	15.31	1.007	103.80	15.42
@COUNTY HOSPITAL TOTAL	5	25	\$ 1,896.48	\$ 75.86	.002	\$ 379.30	\$.11
CO HOSPITAL INPATIENT TOTAL	2	0	1,729.28	.00	.000	864.64	.10
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	0	1,729.28	.00	.000	864.64	.10
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	4	25	167.20	6.69	.002	41.80	.01
MEDICAL	1	1	27.50	27.50	.000	27.50	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	35.69	35.69	.000	35.69	.00
CROSSOVERS/ALL OTH OUTPTNT	3	23	104.01	4.52	.001	34.67	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,339

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

LAKE COUNTY SUMMARY OF SERVICES FOR ALL AGED

	16,522 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,643	17,337	\$	1,490,021.98	\$ 85.94	1.049	\$ 563.76	\$ 90.18
COMM HOSP INPATIENT TOTAL	340	349		1,223,342.05	3505.28	.021	3598.06	74.04
HSC HOSPITALS	4	26		31,776.55	1222.18	.002	7944.14	1.92
NON-HSC HOSPITALS TOTAL	40	323		941,536.72	2914.97	.020	23538.42	56.99
ACCOMMODATIONS	40	323		298,116.83	922.96	.020	7452.92	18.04
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	40	323		298,116.83	922.96	.020	7452.92	18.04
ANCILLARIES	40	0		643,419.89	.00	.000	16085.50	38.94
INPATIENT CROSSOVERS	296	0		250,028.78	.00	.000	844.69	15.13
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2,511	16,988		266,679.93	15.70	1.028	106.20	16.14
MEDICAL	20	39		2,697.33	69.16	.002	134.87	.16
SURGERY	5	5		264.56	52.91	.000	52.91	.02
PATHOLOGY	52	222		2,635.39	11.87	.013	50.68	.16
RADIOLOGY	47	67		4,789.80	71.49	.004	101.91	.29
ROOM USE	29	37		1,562.58	42.23	.002	53.88	.09
CROSSOVERS/ALL OTH OUTPTNT	2,452	16,618		254,730.27	15.33	1.006	103.89	15.42
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1,890	51,892	\$ 5,443,746.01	\$ 104.91	3.141	\$ 2880.29	\$ 329.48
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	16	672	75,284.04	112.03	.041	4705.25	4.56
LEV B-SUBACUTE FREESTANDING	1	44	12,131.84	275.72	.003	12131.84	.73
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1,873	51,176	5,356,330.13	104.66	3.097	2859.76	324.19
@INTERMEDIATE CARE FACIL.-DD	9	244	\$ 34,328.80	\$ 140.69	.015	\$ 3814.31	\$ 2.08
ICF DDH	9	244	34,328.80	140.69	.015	3814.31	2.08
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	74	116	\$ 59,795.91	\$ 515.48	.007	\$ 808.05	\$ 3.62
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	74	116	59,795.91	515.48	.007	808.05	3.62
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	16	36	\$ 326.53	\$ 9.07	.002	\$ 20.41	\$.02
PATHOLOGY	13	32	276.06	8.63	.002	21.24	.02
XO AND OTHERS	3	4	50.47	12.62	.000	16.82	.00
@ORGANIZED OUTPATIENT CLINIC	3,339	5,467	\$ 345,206.10	\$ 63.14	.331	\$ 103.39	\$ 20.89
CLINIC	9	19	441.42	23.23	.001	49.05	.03
SURGICENTER	31	38	6,821.25	179.51	.002	220.04	.41
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	3,309	5,410	337,943.43	62.47	.327	102.13	20.45

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,340
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR ALL AGED

					----- MONTHLY AVERAGE -----			
16,522 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	2,933	77,395	\$ 778,190.68	\$ 10.05	4.684	\$ 265.32	\$ 47.10	
DURABLE MED. EQUIP.	161	863	111,907.50	129.67	.052	695.08	6.77	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	4	4	1,897.36	474.34	.000	474.34	.11	
MEDICAL TRANSPORTATION	286	35,974	95,067.86	2.64	2.177	332.41	5.75	
AMBULANCES/AIR TRANS	67	1,055	12,177.75	11.54	.064	181.76	.74	
OTHER TRANS	196	34,529	77,179.45	2.24	2.090	393.77	4.67	
OTHER SERVICES	56	390	5,710.66	14.64	.024	101.98	.35	
ACUPUNCTURE	89	202	3,471.02	17.18	.012	39.00	.21	
ADULT DAY HEALTH CARE CTR	19	318	21,626.50	68.01	.019	1138.24	1.31	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	842	3,894	335,181.71	86.08	.236	398.08	20.29	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	391	949	10,882.78	11.47	.057	27.83	.66	
PHYSICAL THERAPIST	1	61	164.40	2.70	.004	164.40	.01	
PORTABLE X-RAY	8	18	10.73	.60	.001	1.34	.00	
PROSTHETIST/ORTHOTISTS	2	6	67.86	11.31	.000	33.93	.00	
PROSTHETICS	2	6	67.86	11.31	.000	33.93	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	198	421	37,169.91	88.29	.025	187.73	2.25	
HOSPICE SERVICES	38	1,017	90,800.19	89.28	.062	2389.48	5.50	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,328	33,668	69,942.86	2.08	2.038	52.67	4.23
@CALIF. CHILDREN SERVICES*	1	1	\$ 44.60	\$ 44.60	.000	\$ 44.60	\$.00
@XOVER EXCLUDING STATE HOSP**	5,686	49,976	\$ 1,020,920.56	\$ 20.43	3.025	\$ 179.55	\$ 61.79

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 5,341
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR ALL BLIND	

939 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	825	42,831	\$ 541,937.95	\$ 12.65	45.613	\$ 656.89	\$ 577.14
@PHYSICIANS SERVICES	191	502	\$ 21,083.12	\$ 42.00	.535	\$ 110.38	\$ 22.45
OUTPATIENT VISITS	69	97	4,143.31	42.71	.103	60.05	4.41
OFFICE VISITS	47	67	2,070.17	30.90	.071	44.05	2.20
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	24	28	2,013.89	71.92	.030	83.91	2.14
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2	59.25	29.63	.002	29.63	.06
INPATIENT VISITS	9	54	2,470.70	45.75	.058	274.52	2.63
HOSPITAL VISITS	9	54	2,470.70	45.75	.058	274.52	2.63
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	16	21	777.14	37.01	.022	48.57	.83
EXAMINATIONS	16	21	777.14	37.01	.022	48.57	.83
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	12	1,544.92	128.74	.013	514.97	1.65
PRINCIPAL SURGEON	3	5	1,231.18	246.24	.005	410.39	1.31
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	7	313.74	44.82	.007	313.74	.33
OUTPATIENT SURGERY	14	37	5,020.52	135.69	.039	358.61	5.35
PRINCIPAL SURGEON	14	21	4,671.54	222.45	.022	333.68	4.98
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	16	348.98	21.81	.017	174.49	.37
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	11	17	392.46	23.09	.018	35.68	.42
RADIOLOGY	34	57	1,650.96	28.96	.061	48.56	1.76
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	102	207	5,083.11	24.56	.220	49.83	5.41
@PHARMACY	698	29,893	\$ 280,320.66	\$ 9.38	31.835	\$ 401.61	\$ 298.53
PRESCRIPTION DRUGS	675	3,263	252,298.81	77.32	3.475	373.78	268.69
SNF/ICF	3	14	1,491.07	106.51	.015	497.02	1.59
OUTPATIENTS	672	3,249	250,807.74	77.20	3.460	373.23	267.10
MEDICAL SUPPLIES	205	26,630	28,021.85	1.05	28.360	136.69	29.84
@DENTIST	8	20	\$ 1,260.00	\$ 63.00	.021	\$ 157.50	\$ 1.34
VISITS - DIAGNOSTIC	7	18	360.00	20.00	.019	51.43	.38
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2	900.00	450.00	.002	900.00	.96
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,342
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR ALL BLIND

939 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	23	62	\$ 1,784.10	\$ 28.78	.066	\$ 77.57	\$ 1.90
DIAGNOSTIC AND ANC. PROCED	6	7	252.97	36.14	.007	42.16	.27
EYE APPLIANCES	15	43	1,217.61	28.32	.046	81.17	1.30
OTHER OPTOMETRIC SERVICES	6	12	313.52	26.13	.013	52.25	.33
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	161	1,143	\$ 108,331.71	\$ 94.78	1.217	\$ 672.87	\$ 115.37
HOSP INPATIENT TOTAL	14	51	84,364.30	1654.20	.054	6026.02	89.84
HSC HOSPITALS	3	24	31,962.00	1331.75	.026	10654.00	34.04
NON-HSC HOSPITAL TOTAL	6	27	47,182.30	1747.49	.029	7863.72	50.25
ACCOMMODATIONS	6	27	16,341.96	605.26	.029	2723.66	17.40
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	27	16,341.96	605.26	.029	2723.66	17.40
ANCILLARIES	6	0	30,840.34	.00	.000	5140.06	32.84
INPATIENT CROSSOVERS	6	0	5,220.00	.00	.000	870.00	5.56
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	156	1,092	23,967.41	21.95	1.163	153.64	25.52
MEDICAL	19	29	3,174.88	109.48	.031	167.10	3.38
SURGERY	6	6	854.36	142.39	.006	142.39	.91
PATHOLOGY	46	206	2,685.18	13.03	.219	58.37	2.86
RADIOLOGY	28	37	3,272.22	88.44	.039	116.87	3.48
ROOM USE	34	44	2,186.08	49.68	.047	64.30	2.33
CROSSOVERS/ALL OTH OUTPTNT	101	770	11,794.69	15.32	.820	116.78	12.56
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,343
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR ALL BLIND

939 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	161	1,143	\$ 108,331.71	\$ 94.78	1.217	\$ 672.87	\$ 115.37
COMM HOSP INPATIENT TOTAL	14	51	84,364.30	1654.20	.054	6026.02	89.84
HSC HOSPITALS	3	24	31,962.00	1331.75	.026	10654.00	34.04
NON-HSC HOSPITALS TOTAL	6	27	47,182.30	1747.49	.029	7863.72	50.25
ACCOMMODATIONS	6	27	16,341.96	605.26	.029	2723.66	17.40
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	27	16,341.96	605.26	.029	2723.66	17.40
ANCILLARIES	6	0	30,840.34	.00	.000	5140.06	32.84
INPATIENT CROSSOVERS	6	0	5,220.00	.00	.000	870.00	5.56
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	156	1,092	23,967.41	21.95	1.163	153.64	25.52
MEDICAL	19	29	3,174.88	109.48	.031	167.10	3.38
SURGERY	6	6	854.36	142.39	.006	142.39	.91
PATHOLOGY	46	206	2,685.18	13.03	.219	58.37	2.86
RADIOLOGY	28	37	3,272.22	88.44	.039	116.87	3.48
ROOM USE	34	44	2,186.08	49.68	.047	64.30	2.33
CROSSOVERS/ALL OTH OUTPTNT	101	770	11,794.69	15.32	.820	116.78	12.56
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	6	91	\$ 9,841.67	\$ 108.15	.097	\$ 1640.28	\$ 10.48
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	6	91	9,841.67	108.15	.097	1640.28	10.48
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	16	22	\$ 9,498.32	\$ 431.74	.023	\$ 593.65	\$ 10.12
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	16	22	9,498.32	431.74	.023	593.65	10.12
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00		.00		.000		.00		.00
@LABORATORY FACILITY	2	9	\$	86.77	\$	9.64		.010	\$	43.39	\$	.09
PATHOLOGY	2	9		86.77		9.64		.010		43.39		.09
XO AND OTHERS	0	0		.00		.00		.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	257	396	\$	32,389.71	\$	81.79		.422	\$	126.03	\$	34.49
CLINIC	0	0		.00		.00		.000		.00		.00
SURGICENTER	2	3		804.69		268.23		.003		402.35		.86
HEROIN DETOX CLINIC	0	0		.00		.00		.000		.00		.00
RURAL HEALTH CLINIC	255	393		31,585.02		80.37		.419		123.86		33.64
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004											
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939 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	216	10,693	\$ 77,341.89	\$ 7.23	11.388	\$ 358.06	\$ 82.37
DURABLE MED. EQUIP.	13	44	14,644.22	332.82	.047	1126.48	15.60
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	35	8,569	22,020.56	2.57	9.126	629.16	23.45
AMBULANCES/AIR TRANS	20	316	4,221.31	13.36	.337	211.07	4.50
OTHER TRANS	15	8,250	15,952.43	1.93	8.786	1063.50	16.99
OTHER SERVICES	2	3	1,846.82	615.61	.003	923.41	1.97
ACUPUNCTURE	21	54	919.12	17.02	.058	43.77	.98
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	57	287	21,535.57	75.04	.306	377.82	22.93
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	16	53	659.06	12.44	.056	41.19	.70
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	15	1,924.90	128.33	.016	481.23	2.05

PROSTHETICS	4	15	1,924.90	128.33	.016	481.23	2.05
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	8	18	545.83	30.32	.019	68.23	.58
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	33	1,467	11,716.57	7.99	1.562	355.05	12.48
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	64	186	3,376.06	18.15	.198	52.75	3.60
@CALIF. CHILDREN SERVICES*	23	74	\$ 24,740.86	\$ 334.34	.079	\$ 1075.69	\$ 26.35
@XOVER EXCLUDING STATE HOSP**	216	4,749	\$ 36,798.08	\$ 7.75	5.058	\$ 170.36	\$ 39.19

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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LAKE COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

48,098 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	42,085	993,533	\$ 36,213,300.28	\$ 36.45	20.656	\$ 860.48	\$ 752.91
@PHYSICIANS SERVICES	11,155	39,129	\$ 1,503,058.91	\$ 38.41	.814	\$ 134.74	\$ 31.25
OUTPATIENT VISITS	4,775	6,961	325,324.86	46.74	.145	68.13	6.76
OFFICE VISITS	2,450	3,281	109,391.58	33.34	.068	44.65	2.27
HOME VISITS	4	6	385.90	64.32	.000	96.48	.01
EMERGENCY ROOM	2,456	3,217	206,650.48	64.24	.067	84.14	4.30
PREVENTIVE CARE	1	1	34.69	34.69	.000	34.69	.00
OB VISITS/COMPRE PERI	29	282	3,356.20	11.90	.006	115.73	.07
OTHER OUTPATIENT	150	174	5,506.01	31.64	.004	36.71	.11
INPATIENT VISITS	617	2,654	132,113.92	49.78	.055	214.12	2.75
HOSPITAL VISITS	503	2,273	100,962.84	44.42	.047	200.72	2.10
CRITICAL CARE	71	211	25,794.38	122.25	.004	363.30	.54
SNF/ICF/TRANS IP CARE	118	170	5,356.70	31.51	.004	45.40	.11
OPHTHALMOLOGICAL SERVICES	225	249	9,695.13	38.94	.005	43.09	.20
EXAMINATIONS	225	248	9,659.84	38.95	.005	42.93	.20
SERVICES AND MATERIALS	1	1	35.29	35.29	.000	35.29	.00
INPATIENT HOSPITAL SURGERY	379	2,824	186,255.49	65.95	.059	491.44	3.87
PRINCIPAL SURGEON	250	382	139,084.17	364.09	.008	556.34	2.89
ASSISTANT SURGEON	34	34	7,405.18	217.80	.001	217.80	.15
ANESTHESIOLOGIST	159	2,408	39,766.14	16.51	.050	250.10	.83
OUTPATIENT SURGERY	994	2,902	220,751.47	76.07	.060	222.08	4.59
PRINCIPAL SURGEON	844	1,176	187,770.55	159.67	.024	222.48	3.90
ASSISTANT SURGEON	5	5	555.78	111.16	.000	111.16	.01
ANESTHESIOLOGIST	202	1,721	32,425.14	18.84	.036	160.52	.67
DIALYSIS	47	274	23,140.12	84.45	.006	492.34	.48
PATHOLOGY	792	1,794	35,028.37	19.53	.037	44.23	.73
RADIOLOGY	3,385	6,514	209,984.85	32.24	.135	62.03	4.37
PSYCHIATRY	3	14	239.10	17.08	.000	79.70	.00
IMMUNIZATION AND INJECTION	159	2,368	85,962.29	36.30	.049	540.64	1.79
OTHER SERVICES/ALL X-OVERS	4,561	12,575	274,563.31	21.83	.261	60.20	5.71
@PHARMACY	34,031	609,453	\$ 15,933,319.04	\$ 26.14	12.671	\$ 468.20	\$ 331.27
PRESCRIPTION DRUGS	33,612	168,890	15,396,206.20	91.16	3.511	458.06	320.10
SNF/ICF	452	3,685	337,674.07	91.63	.077	747.07	7.02
OUTPATIENTS	33,191	165,205	15,058,532.13	91.15	3.435	453.69	313.08

MEDICAL SUPPLIES	3,594	440,563		537,112.84	1.22	9.160	149.45	11.17
@DENTIST	1,014	4,183	\$	208,571.02	\$ 49.86	.087	\$ 205.69	\$ 4.34
VISITS - DIAGNOSTIC	651	2,143		31,085.33	14.51	.045	47.75	.65
ORAL SURGERY	207	948		47,628.85	50.24	.020	230.09	.99
DRUGS	7	7		75.00	10.71	.000	10.71	.00
ANESTHESIA	16	16		1,500.00	93.75	.000	93.75	.03
PERIODONTICS	14	19		1,499.12	78.90	.000	107.08	.03
ENDODONTICS	79	131		31,414.00	239.80	.003	397.65	.65
RESTORATIVE DENTISTRY	236	610		41,536.65	68.09	.013	176.00	.86
PROSTHETICS	4	4		90.00	22.50	.000	22.50	.00
DENTURES, STAYPLATES	114	285		52,938.00	185.75	.006	464.37	1.10
SPACE MAINTAINERS	1	1		111.00	111.00	.000	111.00	.00
MAXILLOFACIAL SERVICES	5	6		448.07	74.68	.000	89.61	.01
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	4		245.00	61.25	.000	122.50	.01
ALL OTHER SERVICES	11	9		.00	.00	.000	.00	.00
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LAKE COUNTY	SUMMARY OF SERVICES FOR ALL DISABLED							

	48,098 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,529	4,328	\$	89,813.46	\$ 20.75	.090	\$ 58.74	\$ 1.87
DIAGNOSTIC AND ANC. PROCED	606	617		26,890.06	43.58	.013	44.37	.56
EYE APPLIANCES	1,330	3,541		58,916.40	16.64	.074	44.30	1.22
OTHER OPTOMETRIC SERVICES	109	170		4,007.00	23.57	.004	36.76	.08
@CHIROPRACITOR	159	253	\$	4,113.68	\$ 16.26	.005	\$ 25.87	\$.09
VISITS	139	224		3,736.92	16.68	.005	26.88	.08
OTHER SERVICES	20	29		376.76	12.99	.001	18.84	.01
@PODIATRIST	97	292	\$	3,859.08	\$ 13.22	.006	\$ 39.78	\$.08
MEDICINE/INJECTIONS	13	14		412.70	29.48	.000	31.75	.01
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	84	278		3,446.38	12.40	.006	41.03	.07
@HOME HEALTH AGENCY	437	8,820	\$	364,125.10	\$ 41.28	.183	\$ 833.24	\$ 7.57
NURSE ANESTHESIST	51	411	\$	5,875.25	\$ 14.30	.009	\$ 115.20	\$.12
NURSE MIDWIFE	3	12	\$	478.24	\$ 39.85	.000	\$ 159.41	\$.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	11,386	69,154	\$	10,704,221.76	\$ 154.79	1.438	\$ 940.12	\$ 222.55
HOSP INPATIENT TOTAL	951	3,283		9,170,789.78	2793.42	.068	9643.31	190.67
HSC HOSPITALS	81	565		849,766.93	1504.01	.012	10490.95	17.67
NON-HSC HOSPITAL TOTAL	553	2,718		7,945,615.00	2923.33	.057	14368.20	165.20
ACCOMMODATIONS	546	2,718		2,365,732.20	870.39	.057	4332.84	49.19
ADMINISTRATIVE DAYS	4	25		5,419.25	216.77	.001	1354.81	.11
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	542	2,693		2,360,312.95	876.46	.056	4354.82	49.07
ANCILLARIES	552	0		5,579,882.80	.00	.000	10108.48	116.01
INPATIENT CROSSOVERS	331	0		375,407.85	.00	.000	1134.16	7.81
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	10,965	65,871		1,533,431.98	23.28	1.370	139.85	31.88
MEDICAL	2,153	3,839		171,393.89	44.65	.080	79.61	3.56
SURGERY	456	525		32,814.13	62.50	.011	71.96	.68
PATHOLOGY	4,569	20,938		267,958.95	12.80	.435	58.65	5.57
RADIOLOGY	2,896	4,481		379,450.12	84.68	.093	131.03	7.89
ROOM USE	3,281	4,774		212,932.23	44.60	.099	64.90	4.43

CROSSOVERS/ALL OTH OUTPTNT	5,774	31,314		468,882.66	14.97	.651	81.21	9.75
@COUNTY HOSPITAL TOTAL	82	440	\$	57,715.54	\$ 131.17	.009	\$ 703.85	\$ 1.20
CO HOSPITAL INPATIENT TOTAL	9	28		43,383.07	1549.40	.001	4820.34	.90
HSC HOSPITALS	6	26		29,185.00	1122.50	.001	4864.17	.61
NON-HSC HOSPITALS TOTAL	1	2		2,450.32	1225.16	.000	2450.32	.05
ACCOMMODATIONS	1	2		1,231.20	615.60	.000	1231.20	.03
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2		1,231.20	615.60	.000	1231.20	.03
ANCILLARIES	1	0		1,219.12	.00	.000	1219.12	.03
INPATIENT CROSSOVERS	2	0		11,747.75	.00	.000	5873.88	.24
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	78	412		14,332.47	34.79	.009	183.75	.30
MEDICAL	46	66		1,877.78	28.45	.001	40.82	.04
SURGERY	13	21		2,619.35	124.73	.000	201.49	.05
PATHOLOGY	19	89		1,576.20	17.71	.002	82.96	.03
RADIOLOGY	15	36		2,644.92	73.47	.001	176.33	.05
ROOM USE	56	88		3,594.16	40.84	.002	64.18	.07
CROSSOVERS/ALL OTH OUTPTNT	33	112		2,020.06	18.04	.002	61.21	.04

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LAKE COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

	48,098 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11,329	68,714	\$	10,646,506.22	\$ 154.94	1.429	\$ 939.76	\$ 221.35
COMM HOSP INPATIENT TOTAL	943	3,255		9,127,406.71	2804.12	.068	9679.12	189.77
HSC HOSPITALS	75	539		820,581.93	1522.42	.011	10941.09	17.06
NON-HSC HOSPITALS TOTAL	552	2,716		7,943,164.68	2924.58	.056	14389.79	165.15
ACCOMMODATIONS	545	2,716		2,364,501.00	870.58	.056	4338.53	49.16
ADMINISTRATIVE DAYS	4	25		5,419.25	216.77	.001	1354.81	.11
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	541	2,691		2,359,081.75	876.66	.056	4360.59	49.05
ANCILLARIES	551	0		5,578,663.68	.00	.000	10124.62	115.99
INPATIENT CROSSOVERS	329	0		363,660.10	.00	.000	1105.35	7.56
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	10,909	65,459		1,519,099.51	23.21	1.361	139.25	31.58
MEDICAL	2,111	3,773		169,516.11	44.93	.078	80.30	3.52
SURGERY	443	504		30,194.78	59.91	.010	68.16	.63
PATHOLOGY	4,553	20,849		266,382.75	12.78	.433	58.51	5.54
RADIOLOGY	2,883	4,445		376,805.20	84.77	.092	130.70	7.83
ROOM USE	3,235	4,686		209,338.07	44.67	.097	64.71	4.35
CROSSOVERS/ALL OTH OUTPTNT	5,744	31,202		466,862.60	14.96	.649	81.28	9.71
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	371	9,552	\$	1,320,015.45	\$ 138.19	.199	\$ 3557.99	\$ 27.44
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	1	13		1,885.78	145.06	.000	1885.78	.04
LEV B-SUBACUTE FREESTANDING	0	0		1,682.96	.00	.000	.00	.03
LEV B-SUBACUTE HSPTL BASED	3	231		134,808.41	583.59	.005	44936.14	2.80
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	368	9,308		1,181,638.30	126.95	.194	3210.97	24.57
@INTERMEDIATE CARE FACIL.-DD	56	1,627	\$	248,287.36	\$ 152.60	.034	\$ 4433.70	\$ 5.16
ICF DDH	56	1,627		248,287.36	152.60	.034	4433.70	5.16
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	243	7,739	\$ 333,327.31	\$ 43.07	.161	\$ 1371.72	\$ 6.93
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	243	7,739	333,327.31	43.07	.161	1371.72	6.93
@REHABILITATION FACILITY	12	126	\$ 2,281.64	\$ 18.11	.003	\$ 190.14	\$.05
HOSPITAL BASED	6	55	1,428.43	25.97	.001	238.07	.03
INDEPENDENT FACILITY	6	71	853.21	12.02	.001	142.20	.02
@LABORATORY FACILITY	814	3,277	\$ 45,999.09	\$ 14.04	.068	\$ 56.51	\$.96
PATHOLOGY	796	3,211	45,410.52	14.14	.067	57.05	.94
XO AND OTHERS	18	66	588.57	8.92	.001	32.70	.01
@ORGANIZED OUTPATIENT CLINIC	18,470	37,302	\$ 3,840,535.19	\$ 102.96	.776	\$ 207.93	\$ 79.85
CLINIC	55	149	5,311.84	35.65	.003	96.58	.11
SURGICENTER	55	164	11,364.75	69.30	.003	206.63	.24
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	18,400	36,989	3,823,858.60	103.38	.769	207.82	79.50
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LAKE COUNTY	SUMMARY OF SERVICES FOR ALL DISABLED						

	48,098 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	6,670	197,875	\$ 1,605,418.70	\$ 8.11	4.114	\$ 240.69	\$ 33.38	
DURABLE MED. EQUIP.	816	2,695	483,221.16	179.30	.056	592.18	10.05	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	10	12	7,576.51	631.38	.000	757.65	.16	
MEDICAL TRANSPORTATION	1,422	137,757	501,588.98	3.64	2.864	352.73	10.43	
AMBULANCES/AIR TRANS	1,063	16,025	192,979.04	12.04	.333	181.54	4.01	
OTHER TRANS	315	120,687	245,585.40	2.03	2.509	779.64	5.11	
OTHER SERVICES	115	1,045	63,024.54	60.31	.022	548.04	1.31	
ACUPUNCTURE	430	1,080	18,358.09	17.00	.022	42.69	.38	
ADULT DAY HEALTH CARE CTR	1	5	347.90	69.58	.000	347.90	.01	
GENETIC DISEASE TESTING	7	7	735.00	105.00	.000	105.00	.02	
IHMC,MODEL-NF,NF,AIDS,MSSP	445	2,371	247,051.08	104.20	.049	555.17	5.14	
OCCUPATIONAL THERAPIST	8	58	782.75	13.50	.001	97.84	.02	
OPTICIAN	1,350	3,452	37,024.92	10.73	.072	27.43	.77	
PHYSICAL THERAPIST	165	1,416	20,959.69	14.80	.029	127.03	.44	
PORTABLE X-RAY	3	5	77.97	15.59	.000	25.99	.00	
PROSTHETIST/ORTHOTISTS	100	377	43,768.27	116.10	.008	437.68	.91	
PROSTHETICS	100	377	43,768.27	116.10	.008	437.68	.91	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	1	3	23.62	7.87	.000	23.62	.00	
SPEECH AND AUDIOLOGY	161	440	32,543.22	73.96	.009	202.13	.68	
HOSPICE SERVICES	30	487	58,087.89	119.28	.010	1936.26	1.21	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	500	7,518	76,436.35	10.17	.156	152.87	1.59	
EPSDT SUPPLEMENTAL SERVICE	1	4	250.00	62.50	.000	250.00	.01	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	1,799	40,188	76,585.30	1.91	.836	42.57	1.59	
@CALIF. CHILDREN SERVICES*	334	12,918	\$ 411,336.30	\$ 31.84	.269	\$ 1231.55	\$ 8.55	
@XOVER EXCLUDING STATE HOSP**	7,023	90,366	\$ 1,264,260.11	\$ 13.99	1.879	\$ 180.02	\$ 26.29	

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

LAKE COUNTY

SUMMARY OF SERVICES FOR ALL FAMILIES

100,542 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	53,197	260,696	\$ 20,235,701.78	\$ 77.62	2.593	\$ 380.39	\$ 201.27
@PHYSICIANS SERVICES	12,688	36,894	\$ 1,493,244.96	\$ 40.47	.367	\$ 117.69	\$ 14.85
OUTPATIENT VISITS	7,774	13,807	469,943.56	34.04	.137	60.45	4.67
OFFICE VISITS	2,316	2,810	96,752.55	34.43	.028	41.78	.96
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4,965	5,537	305,202.12	55.12	.055	61.47	3.04
PREVENTIVE CARE	12	13	470.23	36.17	.000	39.19	.00
OB VISITS/COMPRE PERI	615	5,322	63,514.18	11.93	.053	103.28	.63
OTHER OUTPATIENT	114	125	4,004.48	32.04	.001	35.13	.04
INPATIENT VISITS	471	2,146	163,293.04	76.09	.021	346.69	1.62
HOSPITAL VISITS	445	1,536	72,899.05	47.46	.015	163.82	.73
CRITICAL CARE	75	609	90,366.49	148.39	.006	1204.89	.90
SNF/ICF/TRANS IP CARE	1	1	27.50	27.50	.000	27.50	.00
OPHTHALMOLOGICAL SERVICES	190	229	9,205.97	40.20	.002	48.45	.09
EXAMINATIONS	190	229	9,205.97	40.20	.002	48.45	.09
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	559	3,968	259,756.95	65.46	.039	464.68	2.58
PRINCIPAL SURGEON	373	453	199,095.08	439.50	.005	533.77	1.98
ASSISTANT SURGEON	31	31	7,428.40	239.63	.000	239.63	.07
ANESTHESIOLOGIST	226	3,484	53,233.47	15.28	.035	235.55	.53
OUTPATIENT SURGERY	1,369	3,980	213,023.22	53.52	.040	155.60	2.12
PRINCIPAL SURGEON	1,145	1,394	165,567.52	118.77	.014	144.60	1.65
ASSISTANT SURGEON	2	2	159.72	79.86	.000	79.86	.00
ANESTHESIOLOGIST	296	2,584	47,295.98	18.30	.026	159.78	.47
DIALYSIS	2	5	283.00	56.60	.000	141.50	.00
PATHOLOGY	1,186	1,861	45,234.95	24.31	.019	38.14	.45
RADIOLOGY	4,118	6,276	174,606.22	27.82	.062	42.40	1.74
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	139	1,587		77,418.07		48.78	.016	556.96	.77
OTHER SERVICES/ALL X-OVERS	1,287	3,035		80,479.98		26.52	.030	62.53	.80
@PHARMACY	24,388	74,838	\$	3,105,927.36	\$	41.50	.744	\$ 127.35	\$ 30.89
PRESCRIPTION DRUGS	24,218	58,026		3,060,344.90		52.74	.577	126.37	30.44
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	24,218	58,026		3,060,344.90		52.74	.577	126.37	30.44
MEDICAL SUPPLIES	522	16,812		45,582.46		2.71	.167	87.32	.45
@DENTIST	2,152	10,171	\$	392,861.25	\$	38.63	.101	\$ 182.56	\$ 3.91
VISITS - DIAGNOSTIC	1,483	5,722		91,965.08		16.07	.057	62.01	.91
ORAL SURGERY	346	1,227		71,729.00		58.46	.012	207.31	.71
DRUGS	60	71		1,575.00		22.18	.001	26.25	.02
ANESTHESIA	68	71		6,200.00		87.32	.001	91.18	.06
PERIODONTICS	9	9		611.12		67.90	.000	67.90	.01
ENDODONTICS	228	441		67,279.75		152.56	.004	295.09	.67
RESTORATIVE DENTISTRY	761	2,321		128,011.55		55.15	.023	168.21	1.27
PROSTHETICS	1	1		30.00		30.00	.000	30.00	.00
DENTURES, STAYPLATES	31	121		15,011.75		124.06	.001	484.25	.15
SPACE MAINTAINERS	23	31		3,313.00		106.87	.000	144.04	.03
MAXILLOFACIAL SERVICES	4	4		287.50		71.88	.000	71.88	.00
FRACTURES, DISLOCATIONS	0	1		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	52	70		6,697.50		95.68	.001	128.80	.07
ALL OTHER SERVICES	66	81		150.00		1.85	.001	2.27	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,350
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR ALL FAMILIES

	100,542 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,516	4,208	\$	95,870.36	\$ 22.78	.042	\$ 63.24	\$.95
DIAGNOSTIC AND ANC. PROCED	1,087	1,101		48,776.92	44.30	.011	44.87	.49
EYE APPLIANCES	1,138	3,072		46,181.25	15.03	.031	40.58	.46
OTHER OPTOMETRIC SERVICES	33	35		912.19	26.06	.000	27.64	.01
@CHIROPRACTOR	261	376	\$	6,249.10	\$ 16.62	.004	\$ 23.94	\$.06
VISITS	260	374		6,215.66	16.62	.004	23.91	.06
OTHER SERVICES	1	2		33.44	16.72	.000	33.44	.00
@PODIATRIST	4	4	\$	179.01	\$ 44.75	.000	\$ 44.75	\$.00
MEDICINE/INJECTIONS	1	1		62.41	62.41	.000	62.41	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	3	3		116.60	38.87	.000	38.87	.00
@HOME HEALTH AGENCY	182	923	\$	45,305.82	\$ 49.09	.009	\$ 248.93	\$.45
NURSE ANESTHESIST	77	611	\$	10,805.67	\$ 17.69	.006	\$ 140.33	\$.11
NURSE MIDWIFE	11	114	\$	3,091.69	\$ 27.12	.001	\$ 281.06	\$.03
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	5	5	\$	228.67	\$ 45.73	.000	\$ 45.73	\$.00
@TOTAL HOSPITAL	12,983	52,275	\$	8,515,051.82	\$ 162.89	.520	\$ 655.86	\$ 84.69
HOSP INPATIENT TOTAL	725	3,404		7,182,459.43	2110.01	.034	9906.84	71.44
HSC HOSPITALS	120	1,009		1,696,393.06	1681.26	.010	14136.61	16.87
NON-HSC HOSPITAL TOTAL	605	2,395		5,479,970.37	2288.09	.024	9057.80	54.50
ACCOMMODATIONS	605	2,395		1,781,601.59	743.88	.024	2944.80	17.72
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	605	2,395		1,781,601.59	743.88	.024	2944.80	17.72
ANCILLARIES	605	0		3,698,368.78	.00	.000	6113.01	36.78
INPATIENT CROSSOVERS	7	0		6,096.00	.00	.000	870.86	.06
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	12,577	48,871	1,332,592.39	27.27	.486	105.95	13.25
MEDICAL	2,251	3,590	154,491.61	43.03	.036	68.63	1.54
SURGERY	665	813	42,358.41	52.10	.008	63.70	.42
PATHOLOGY	5,696	21,484	282,264.61	13.14	.214	49.55	2.81
RADIOLOGY	3,945	5,279	372,972.53	70.65	.053	94.54	3.71
ROOM USE	6,613	8,191	342,078.58	41.76	.081	51.73	3.40
CROSSOVERS/ALL OTH OUTPTNT	4,078	9,514	138,426.65	14.55	.095	33.94	1.38
@COUNTY HOSPITAL TOTAL	31	181	\$ 11,047.82	\$ 61.04	.002	\$ 356.38	\$.11
CO HOSPITAL INPATIENT TOTAL	2	5	5,840.01	1168.00	.000	2920.01	.06
HSC HOSPITALS	2	5	5,840.01	1168.00	.000	2920.01	.06
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	29	176	5,207.81	29.59	.002	179.58	.05
MEDICAL	4	5	112.94	22.59	.000	28.24	.00
SURGERY	9	16	926.41	57.90	.000	102.93	.01
PATHOLOGY	11	50	1,084.13	21.68	.000	98.56	.01
RADIOLOGY	2	2	54.08	27.04	.000	27.04	.00
ROOM USE	26	43	2,226.40	51.78	.000	85.63	.02
CROSSOVERS/ALL OTH OUTPTNT	16	60	803.85	13.40	.001	50.24	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,351
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR ALL FAMILIES

					----- MONTHLY AVERAGE -----			
100,542 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	12,959	52,094	\$ 8,504,004.00	\$ 163.24	.518	\$ 656.22	\$ 84.58	
COMM HOSP INPATIENT TOTAL	723	3,399	7,176,619.42	2111.39	.034	9926.17	71.38	
HSC HOSPITALS	118	1,004	1,690,553.05	1683.82	.010	14326.72	16.81	
NON-HSC HOSPITALS TOTAL	605	2,395	5,479,970.37	2288.09	.024	9057.80	54.50	
ACCOMMODATIONS	605	2,395	1,781,601.59	743.88	.024	2944.80	17.72	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	605	2,395	1,781,601.59	743.88	.024	2944.80	17.72	
ANCILLARIES	605	0	3,698,368.78	.00	.000	6113.01	36.78	
INPATIENT CROSSOVERS	7	0	6,096.00	.00	.000	870.86	.06	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	12,553	48,695	1,327,384.58	27.26	.484	105.74	13.20	
MEDICAL	2,247	3,585	154,378.67	43.06	.036	68.70	1.54	
SURGERY	656	797	41,432.00	51.98	.008	63.16	.41	
PATHOLOGY	5,686	21,434	281,180.48	13.12	.213	49.45	2.80	
RADIOLOGY	3,943	5,277	372,918.45	70.67	.052	94.58	3.71	
ROOM USE	6,590	8,148	339,852.18	41.71	.081	51.57	3.38	
CROSSOVERS/ALL OTH OUTPTNT	4,063	9,454	137,622.80	14.56	.094	33.87	1.37	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	2	25	\$ 3,873.42	\$ 154.94	.000	\$ 1936.71	\$.04	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	2	25	3,873.42	154.94	.000	1936.71	.04
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	5	111	5,850.94	52.71	.001	1170.19	.06
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	5	111	5,850.94	52.71	.001	1170.19	.06
@REHABILITATION FACILITY	3	13	567.44	43.65	.000	189.15	.01
HOSPITAL BASED	3	13	567.44	43.65	.000	189.15	.01
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	926	2,737	42,073.15	15.37	.027	45.44	.42
PATHOLOGY	924	2,727	42,044.46	15.42	.027	45.50	.42
XO AND OTHERS	2	10	28.69	2.87	.000	14.35	.00
@ORGANIZED OUTPATIENT CLINIC	28,096	45,872	6,022,587.10	131.29	.456	214.36	59.90
CLINIC	273	1,101	42,518.52	38.62	.011	155.75	.42
SURGICENTER	66	391	13,876.01	35.49	.004	210.24	.14
HEROIN DETOX CLINIC	2	39	454.09	11.64	.000	227.05	.00
RURAL HEALTH CLINIC	27,827	44,341	5,965,738.48	134.54	.441	214.39	59.34
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 5,352
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR ALL FAMILIES						

					----- MONTHLY AVERAGE -----			
100,542 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	4,775	31,519	\$ 491,934.02	\$ 15.61	.313	\$ 103.02	\$ 4.89	
DURABLE MED. EQUIP.	232	423	29,945.18	70.79	.004	129.07	.30	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	799	16,783	284,692.34	16.96	.167	356.31	2.83	
AMBULANCES/AIR TRANS	793	10,959	169,514.46	15.47	.109	213.76	1.69	
OTHER TRANS	6	5,763	9,268.00	1.61	.057	1544.67	.09	
OTHER SERVICES	61	61	105,909.88	1736.23	.001	1736.23	1.05	
ACUPUNCTURE	99	254	4,342.27	17.10	.003	43.86	.04	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	86	86	9,030.00	105.00	.001	105.00	.09	
IHMC,MODEL-NF,NF,AIDS,MSSP	13	56	8,511.20	151.99	.001	654.71	.08	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	1,056	2,422	21,708.06	8.96	.024	20.56	.22	
PHYSICAL THERAPIST	144	1,184	17,934.77	15.15	.012	124.55	.18	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	71	133	15,757.94	118.48	.001	221.94	.16	
PROSTHETICS	70	132	15,718.39	119.08	.001	224.55	.16	
ORTHOTICS	1	1	39.55	39.55	.000	39.55	.00	
PSYCHOLOGIST	4	24	1,329.60	55.40	.000	332.40	.01	
SPEECH AND AUDIOLOGY	55	239	8,682.69	36.33	.002	157.87	.09	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	2,132	6,646	85,472.32	12.86	.066	40.09	.85	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	174	3,269	4,527.65	1.39	.033	26.02	.05	
@CALIF. CHILDREN SERVICES*	318	8,862	\$ 1,693,911.26	\$ 191.14	.088	\$ 5326.76	\$ 16.85	

@XOVER EXCLUDING STATE HOSP** 171 2,468 \$ 20,040.26 \$ 8.12 .025 \$ 117.19 \$.20

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,353

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

LAKE COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

	4,566 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS		3,056	15,744	\$ 1,458,440.14	\$ 92.63	3.448	\$ 477.24	\$ 319.41
@PHYSICIANS SERVICES		828	2,981	\$ 124,949.67	\$ 41.92	.653	\$ 150.91	\$ 27.37
OUTPATIENT VISITS		508	1,466	37,270.97	25.42	.321	73.37	8.16
OFFICE VISITS		145	193	6,275.48	32.52	.042	43.28	1.37
HOME VISITS		0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM		262	304	17,249.89	56.74	.067	65.84	3.78
PREVENTIVE CARE		1	1	65.78	65.78	.000	65.78	.01
OB VISITS/COMPRE PERI		113	956	13,348.96	13.96	.209	118.13	2.92
OTHER OUTPATIENT		12	12	330.86	27.57	.003	27.57	.07
INPATIENT VISITS		61	265	19,497.06	73.57	.058	319.62	4.27
HOSPITAL VISITS		53	183	9,763.17	53.35	.040	184.21	2.14
CRITICAL CARE		12	82	9,733.89	118.71	.018	811.16	2.13
SNF/ICF/TRANS IP CARE		0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES		8	9	339.27	37.70	.002	42.41	.07
EXAMINATIONS		8	9	339.27	37.70	.002	42.41	.07
SERVICES AND MATERIALS		0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY		68	321	32,220.13	100.37	.070	473.83	7.06
PRINCIPAL SURGEON		50	61	25,271.25	414.28	.013	505.43	5.53
ASSISTANT SURGEON		0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST		24	260	6,948.88	26.73	.057	289.54	1.52
OUTPATIENT SURGERY		95	225	10,466.78	46.52	.049	110.18	2.29
PRINCIPAL SURGEON		80	100	8,078.98	80.79	.022	100.99	1.77
ASSISTANT SURGEON		0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST		18	125	2,387.80	19.10	.027	132.66	.52
DIALYSIS		1	2	302.42	151.21	.000	302.42	.07
PATHOLOGY		84	118	3,042.28	25.78	.026	36.22	.67
RADIOLOGY		225	307	7,954.45	25.91	.067	35.35	1.74
PSYCHIATRY		0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION		13	43	7,737.31	179.94	.009	595.18	1.69
OTHER SERVICES/ALL X-OVERS		92	225	6,119.00	27.20	.049	66.51	1.34
@PHARMACY		1,130	2,991	\$ 154,019.67	\$ 51.49	.655	\$ 136.30	\$ 33.73
PRESCRIPTION DRUGS		1,115	2,405	149,822.26	62.30	.527	134.37	32.81
SNF/ICF		18	213	15,527.12	72.90	.047	862.62	3.40
OUTPATIENTS		1,098	2,192	134,295.14	61.27	.480	122.31	29.41
MEDICAL SUPPLIES		43	586	4,197.41	7.16	.128	97.61	.92
@DENTIST		74	391	\$ 16,297.35	\$ 41.68	.086	\$ 220.23	\$ 3.57
VISITS - DIAGNOSTIC		48	233	4,116.85	17.67	.051	85.77	.90
ORAL SURGERY		17	59	5,255.00	89.07	.013	309.12	1.15
DRUGS		0	1	25.00	25.00	.000	.00	.01
ANESTHESIA		4	6	500.00	83.33	.001	125.00	.11
PERIODONTICS		0	0	.00	.00	.000	.00	.00
ENDODONTICS		7	11	2,310.90	210.08	.002	330.13	.51
RESTORATIVE DENTISTRY		19	69	3,169.60	45.94	.015	166.82	.69
PROSTHETICS		0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES		1	2	850.00	425.00	.000	850.00	.19
SPACE MAINTAINERS		0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	2	70.00	35.00	.000	35.00	.02
ALL OTHER SERVICES	3	8	.00	.00	.002	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,354
MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

4,566 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@OPTOMETRIST	66	158	\$ 4,066.40	\$ 25.74	.035 \$ 61.61 \$.89
DIAGNOSTIC AND ANC. PROCED	53	53	2,418.73	45.64	.012 45.64 .53
EYE APPLIANCES	38	104	1,636.26	15.73	.023 43.06 .36
OTHER OPTOMETRIC SERVICES	1	1	11.41	11.41	.000 11.41 .00
@CHIROPRACTOR	5	7	\$ 117.04	\$ 16.72	.002 \$ 23.41 \$.03
VISITS	5	7	117.04	16.72	.002 23.41 .03
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
@PODIATRIST	5	5	\$ 49.82	\$ 9.96	.001 \$ 9.96 \$.01
MEDICINE/INJECTIONS	1	1	37.42	37.42	.000 37.42 .01
SURGERY/ANES.	0	0	.00	.00	.000 .00 .00
RADIO./PATHOLOGY	0	0	.00	.00	.000 .00 .00
OTHER	4	4	12.40	3.10	.001 3.10 .00
@HOME HEALTH AGENCY	22	38	\$ 2,240.39	\$ 58.96	.008 \$ 101.84 \$.49
NURSE ANESTHESIST	3	16	\$ 309.86	\$ 19.37	.004 \$ 103.29 \$.07
NURSE MIDWIFE	10	112	\$ 2,174.77	\$ 19.42	.025 \$ 217.48 \$.48
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
@TOTAL HOSPITAL	827	4,317	\$ 752,644.93	\$ 174.34	.945 \$ 910.09 \$ 164.84
HOSP INPATIENT TOTAL	77	354	626,001.05	1768.36	.078 8129.88 137.10
HSC HOSPITALS	17	142	225,294.04	1586.58	.031 13252.59 49.34
NON-HSC HOSPITAL TOTAL	61	212	400,707.01	1890.13	.046 6568.97 87.76
ACCOMMODATIONS	61	212	162,359.05	765.84	.046 2661.62 35.56

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	61	212	162,359.05	765.84	.046	2661.62	35.56
ANCILLARIES	61	0	238,347.96	.00	.000	3907.34	52.20
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	796	3,963	126,643.88	31.96	.868	159.10	27.74
MEDICAL	151	231	10,367.64	44.88	.051	68.66	2.27
SURGERY	62	94	3,234.13	34.41	.021	52.16	.71
PATHOLOGY	420	2,006	26,232.67	13.08	.439	62.46	5.75
RADIOLOGY	232	291	17,206.81	59.13	.064	74.17	3.77
ROOM USE	393	557	22,357.63	40.14	.122	56.89	4.90
CROSSOVERS/ALL OTH OUTPTNT	290	784	47,245.00	60.26	.172	162.91	10.35
@COUNTY HOSPITAL TOTAL	2	25	\$ 727.10	\$ 29.08	.005	\$ 363.55	\$.16
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	25	727.10	29.08	.005	363.55	.16
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	2	61.20	30.60	.000	61.20	.01
PATHOLOGY	1	7	132.60	18.94	.002	132.60	.03
RADIOLOGY	1	1	35.73	35.73	.000	35.73	.01
ROOM USE	2	6	408.24	68.04	.001	204.12	.09
CROSSOVERS/ALL OTH OUTPTNT	2	9	89.33	9.93	.002	44.67	.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,355
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
4,566 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	825	4,292	\$ 751,917.83	\$ 175.19	.940	\$ 911.42	\$ 164.68
COMM HOSP INPATIENT TOTAL	77	354	626,001.05	1768.36	.078	8129.88	137.10
HSC HOSPITALS	17	142	225,294.04	1586.58	.031	13252.59	49.34
NON-HSC HOSPITALS TOTAL	61	212	400,707.01	1890.13	.046	6568.97	87.76
ACCOMMODATIONS	61	212	162,359.05	765.84	.046	2661.62	35.56
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	61	212	162,359.05	765.84	.046	2661.62	35.56
ANCILLARIES	61	0	238,347.96	.00	.000	3907.34	52.20
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	794	3,938	125,916.78	31.97	.862	158.59	27.58
MEDICAL	151	231	10,367.64	44.88	.051	68.66	2.27
SURGERY	61	92	3,172.93	34.49	.020	52.02	.69
PATHOLOGY	419	1,999	26,100.07	13.06	.438	62.29	5.72
RADIOLOGY	231	290	17,171.08	59.21	.064	74.33	3.76
ROOM USE	391	551	21,949.39	39.84	.121	56.14	4.81
CROSSOVERS/ALL OTH OUTPTNT	288	775	47,155.67	60.85	.170	163.73	10.33
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	10	276	\$	23,992.00	\$ 86.93	.060	\$ 2399.20	\$ 5.25
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	10	276		23,992.00	86.93	.060	2399.20	5.25
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	3	\$	49.24	\$ 16.41	.001	\$ 49.24	\$.01
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	1	3		49.24	16.41	.001	49.24	.01
@LABORATORY FACILITY	52	134	\$	2,177.73	\$ 16.25	.029	\$ 41.88	\$.48
PATHOLOGY	52	134		2,177.73	16.25	.029	41.88	.48
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1,549	2,736	\$	339,559.57	\$ 124.11	.599	\$ 219.21	\$ 74.37
CLINIC	36	166		6,688.70	40.29	.036	185.80	1.46
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,516	2,570		332,870.87	129.52	.563	219.57	72.90

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,356
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
4,566 ELIGIBLES						
@ALL OTHER PROVIDERS	190	1,579	\$ 35,791.70	\$ 22.67	.346	\$ 188.38 \$ 7.84
DURABLE MED. EQUIP.	21	29	3,648.14	125.80	.006	173.72 .80
BLOOD BANK	0	0	.00	.00	.000	.00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00 .00
MEDICAL TRANSPORTATION	61	1,311	24,588.25	18.76	.287	403.09 5.39
AMBULANCES/AIR TRANS	61	1,305	14,313.25	10.97	.286	234.64 3.13
OTHER TRANS	0	0	.00	.00	.000	.00 .00
OTHER SERVICES	6	6	10,275.00	1712.50	.001	1712.50 2.25
ACUPUNCTURE	0	0	.00	.00	.000	.00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00 .00
GENETIC DISEASE TESTING	27	27	2,835.00	105.00	.006	105.00 .62
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00 .00
OPTICIAN	43	95	879.41	9.26	.021	20.45 .19
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00 .00
PORTABLE X-RAY	0	0	.00	.00	.000	.00 .00
PROSTHETIST/ORTHOTISTS	2	5	979.70	195.94	.001	489.85 .21
PROSTHETICS	2	5	979.70	195.94	.001	489.85 .21
ORTHOTICS	0	0	.00	.00	.000	.00 .00
PSYCHOLOGIST	0	0	.00	.00	.000	.00 .00
SPEECH AND AUDIOLOGY	2	4	209.38	52.35	.001	104.69 .05
HOSPICE SERVICES	0	0	.00	.00	.000	.00 .00
NONINST BIRTHING CENTERS	1	1	1,106.68	1106.68	.000	1106.68 .24

LOCAL EDUCATION AGENCIES	27	98	1,473.05	15.03	.021	54.56	.32
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	10	9	72.09	8.01	.002	7.21	.02
@CALIF. CHILDREN SERVICES*	53	1,061	\$ 127,799.66	\$ 120.45	.232	\$ 2411.31	\$ 27.99
@XOVER EXCLUDING STATE HOSP**	4	5	\$ 14.88	\$ 2.98	.001	\$ 3.72	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,357
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,358
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 5,359
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR RENAL DIALYSIS	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,360
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000 .00 .00
BLOOD BANK	0	0	.00	.00	.000 .00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000 .00 .00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000 .00 .00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000 .00 .00
OTHER TRANS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
ACUPUNCTURE	0	0	.00	.00	.000 .00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000 .00 .00
GENETIC DISEASE TESTING	0	0	.00	.00	.000 .00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000 .00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000 .00 .00
OPTICIAN	0	0	.00	.00	.000 .00 .00
PHYSICAL THERAPIST	0	0	.00	.00	.000 .00 .00
PORTABLE X-RAY	0	0	.00	.00	.000 .00 .00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000 .00 .00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 5,361

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

LAKE COUNTY

SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION

AID CODES 73

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,362
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,363
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00		.000		.00
HEMODIALYSIS CENTER	0	0		.00		.000		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00		.000		.00
INDEPENDENT FACILITY	0	0		.00		.000		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00		.000		.00
XO AND OTHERS	0	0		.00		.000		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00		.000		.00
SURGICENTER	0	0		.00		.000		.00
HEROIN DETOX CLINIC	0	0		.00		.000		.00
RURAL HEALTH CLINIC	0	0		.00		.000		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,364
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
LAKE COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS

PAGE 5,365
03/14/05

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00		.000		.00
SNF/ICF	0	0		.00		.000		.00
OUTPATIENTS	0	0		.00		.000		.00
MEDICAL SUPPLIES	0	0		.00		.000		.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.000		.00
ORAL SURGERY	0	0		.00		.000		.00
DRUGS	0	0		.00		.000		.00
ANESTHESIA	0	0		.00		.000		.00
PERIODONTICS	0	0		.00		.000		.00
ENDODONTICS	0	0		.00		.000		.00
RESTORATIVE DENTISTRY	0	0		.00		.000		.00
PROSTHETICS	0	0		.00		.000		.00
DENTURES, STAYPLATES	0	0		.00		.000		.00
SPACE MAINTAINERS	0	0		.00		.000		.00
MAXILLOFACIAL SERVICES	0	0		.00		.000		.00
FRACTURES, DISLOCATIONS	0	0		.00		.000		.00
ORTHODONTIC SERVICES	0	0		.00		.000		.00
ALL OTHER SERVICES	0	0		.00		.000		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
LAKE COUNTY	SUMMARY OF SERVICES FOR IRCA ALIENS							
	AID CODES 51 52 56 57							

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$	.00	\$	.000	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.000		.00
EYE APPLIANCES	0	0		.00		.000		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.000		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.000	\$	.00
VISITS	0	0		.00		.000		.00
OTHER SERVICES	0	0		.00		.000		.00
@PODIATRIST	0	0	\$	.00	\$	.000	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.000		.00
SURGERY/ANES.	0	0		.00		.000		.00
RADIO./PATHOLOGY	0	0		.00		.000		.00
OTHER	0	0		.00		.000		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.000	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.000		.00
HSC HOSPITALS	0	0		.00		.000		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.000		.00
ACCOMMODATIONS	0	0		.00		.000		.00
ADMINISTRATIVE DAYS	0	0		.00		.000		.00
TRANSITIONAL IP CARE	0	0		.00		.000		.00
ALL OTHER ACCOM	0	0		.00		.000		.00
ANCILLARIES	0	0		.00		.000		.00
INPATIENT CROSSOVERS	0	0		.00		.000		.00
ALL OTHER INPATIENT	0	0		.00		.000		.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 5,367
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR IRCA ALIENS						AID CODES 51 52 56 57

					----- MONTHLY AVERAGE -----			
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 5,368
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR IRCA ALIENS							
	AID CODES 51 52 56 57							

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@ALL OTHER PROVIDERS	0	0	\$	.00	.000	\$	.00	\$.00
DURABLE MED. EQUIP.	0	0		.00	.000		.00	.00
BLOOD BANK	0	0		.00	.000		.00	.00
HEARING AID DISPENSERS	0	0		.00	.000		.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.000		.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.000		.00	.00
OTHER TRANS	0	0		.00	.000		.00	.00
OTHER SERVICES	0	0		.00	.000		.00	.00
ACUPUNCTURE	0	0		.00	.000		.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.000		.00	.00
GENETIC DISEASE TESTING	0	0		.00	.000		.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.000		.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.000		.00	.00
OPTICIAN	0	0		.00	.000		.00	.00
PHYSICAL THERAPIST	0	0		.00	.000		.00	.00
PORTABLE X-RAY	0	0		.00	.000		.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.000		.00	.00
PROSTHETICS	0	0		.00	.000		.00	.00
ORTHOTICS	0	0		.00	.000		.00	.00
PSYCHOLOGIST	0	0		.00	.000		.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.000		.00	.00
HOSPICE SERVICES	0	0		.00	.000		.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.000		.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.000		.00	.00
ALL OTHER PROVIDERS	0	0		.00	.000		.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.000	\$	.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,369
MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05

LAKE COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

535 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	272	2,411	\$ 283,981.03	\$ 117.79	4.507	\$ 1044.05	\$ 530.81
@PHYSICIANS SERVICES	124	668	\$ 24,086.01	\$ 36.06	1.249	\$ 194.24	\$ 45.02
OUTPATIENT VISITS	65	420	6,192.59	14.74	.785	95.27	11.57
OFFICE VISITS	1	1	40.91	40.91	.002	40.91	.08
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	17	18	1,345.69	74.76	.034	79.16	2.52
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	48	401	4,805.99	11.99	.750	100.12	8.98
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	17	51	5,197.72	101.92	.095	305.75	9.72
HOSPITAL VISITS	15	26	1,115.96	42.92	.049	74.40	2.09
CRITICAL CARE	3	25	4,081.76	163.27	.047	1360.59	7.63
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	20	78	9,485.24	121.61	.146	474.26	17.73
PRINCIPAL SURGEON	15	16	7,493.36	468.34	.030	499.56	14.01
ASSISTANT SURGEON	2	2	373.00	186.50	.004	186.50	.70
ANESTHESIOLOGIST	7	60	1,618.88	26.98	.112	231.27	3.03
OUTPATIENT SURGERY	9	16	145.92	9.12	.030	16.21	.27
PRINCIPAL SURGEON	9	16	145.92	9.12	.030	16.21	.27

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	15	25	419.27	16.77	.047	27.95	.78
RADIOLOGY	42	65	1,926.17	29.63	.121	45.86	3.60
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	10	13	719.10	55.32	.024	71.91	1.34
@PHARMACY	98	225	\$ 20,253.59	\$ 90.02	.421	\$ 206.67	\$ 37.86
PRESCRIPTION DRUGS	97	223	20,170.50	90.45	.417	207.94	37.70
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	97	223	20,170.50	90.45	.417	207.94	37.70
MEDICAL SUPPLIES	1	2	83.09	41.55	.004	83.09	.16
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,370
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

535 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000 .00 .00
EYE APPLIANCES	0	0	.00	.00	.000 .00 .00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000 .00 .00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00 \$.00
VISITS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000 .00 .00
SURGERY/ANES.	0	0	.00	.00	.000 .00 .00
RADIO./PATHOLOGY	0	0	.00	.00	.000 .00 .00
OTHER	0	0	.00	.00	.000 .00 .00
@HOME HEALTH AGENCY	5	6	\$ 359.70	\$ 59.95	.011 \$ 71.94 \$.67
NURSE ANESTHESIST	0	0	.00	.00	.000 \$.00 \$.00
NURSE MIDWIFE	0	0	.00	.00	.000 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000 \$.00 \$.00
@TOTAL HOSPITAL	130	775	\$ 189,025.00	\$ 243.90	1.449 \$ 1454.04 \$ 353.32
HOSP INPATIENT TOTAL	26	111	174,564.84	1572.66	.207 6714.03 326.29
HSC HOSPITALS	6	35	54,903.02	1568.66	.065 9150.50 102.62
NON-HSC HOSPITAL TOTAL	20	76	119,661.82	1574.50	.142 5983.09 223.67
ACCOMMODATIONS	20	76	50,482.33	664.24	.142 2524.12 94.36

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	20	76	50,482.33	664.24	.142	2524.12	94.36
ANCILLARIES	20	0	69,179.49	.00	.000	3458.97	129.31
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	118	664	14,460.16	21.78	1.241	122.54	27.03
MEDICAL	5	6	164.05	27.34	.011	32.81	.31
SURGERY	15	26	613.71	23.60	.049	40.91	1.15
PATHOLOGY	86	412	6,002.87	14.57	.770	69.80	11.22
RADIOLOGY	42	44	3,015.86	68.54	.082	71.81	5.64
ROOM USE	40	66	2,305.81	34.94	.123	57.65	4.31
CROSSOVERS/ALL OTH OUTPTNT	27	110	2,357.86	21.44	.206	87.33	4.41
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,371
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

535 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	130	775	\$ 189,025.00	\$ 243.90	1.449	\$ 1454.04	\$ 353.32
COMM HOSP INPATIENT TOTAL	26	111	174,564.84	1572.66	.207	6714.03	326.29
HSC HOSPITALS	6	35	54,903.02	1568.66	.065	9150.50	102.62
NON-HSC HOSPITALS TOTAL	20	76	119,661.82	1574.50	.142	5983.09	223.67
ACCOMMODATIONS	20	76	50,482.33	664.24	.142	2524.12	94.36
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	20	76	50,482.33	664.24	.142	2524.12	94.36
ANCILLARIES	20	0	69,179.49	.00	.000	3458.97	129.31
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	118	664	14,460.16	21.78	1.241	122.54	27.03
MEDICAL	5	6	164.05	27.34	.011	32.81	.31
SURGERY	15	26	613.71	23.60	.049	40.91	1.15
PATHOLOGY	86	412	6,002.87	14.57	.770	69.80	11.22
RADIOLOGY	42	44	3,015.86	68.54	.082	71.81	5.64
ROOM USE	40	66	2,305.81	34.94	.123	57.65	4.31
CROSSOVERS/ALL OTH OUTPTNT	27	110	2,357.86	21.44	.206	87.33	4.41
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	10	51	\$	1,328.65	\$	26.05	.095	\$ 132.87 \$ 2.48
PATHOLOGY	10	51		1,328.65		26.05	.095	132.87 2.48
XO AND OTHERS	0	0		.00		.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	133	290	\$	40,148.71	\$	138.44	.542	\$ 301.87 \$ 75.04
CLINIC	0	0		.00		.00	.000	.00
SURGICENTER	0	0		.00		.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00
RURAL HEALTH CLINIC	133	290		40,148.71		138.44	.542	301.87 75.04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,372
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

535 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	15	396	\$ 8,779.37	\$ 22.17	.740	\$ 585.29	\$ 16.41
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	8	389	8,044.37	20.68	.727	1005.55	15.04
AMBULANCES/AIR TRANS	8	387	4,444.37	11.48	.723	555.55	8.31
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	3,600.00	1800.00	.004	1800.00	6.73
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	7	7	735.00	105.00	.013	105.00	1.37
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	4	45	\$ 47,180.29	\$ 1048.45	.084	\$ 11795.07	\$ 88.19
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 5,373
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR REFUGEES	AID CODES 01 02 08 0A

14 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	18	76	\$ 3,077.36	\$ 40.49	5.429	\$ 170.96	\$ 219.81
@PHYSICIANS SERVICES	5	6	\$ 233.40	\$ 38.90	.429	\$ 46.68	\$ 16.67
OUTPATIENT VISITS	2	2	142.26	71.13	.143	71.13	10.16
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	142.26	71.13	.143	71.13	10.16
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	4	4	91.14	22.79	.286	22.79	6.51
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	5	9	\$ 250.47	\$ 27.83	.643	\$ 50.09	\$ 17.89
PRESCRIPTION DRUGS	5	9	250.47	27.83	.643	50.09	17.89
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	5	9	250.47	27.83	.643	50.09	17.89
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	2	2	\$ 90.00	\$ 45.00	.143	\$ 45.00	\$ 6.43
VISITS - DIAGNOSTIC	1	1	20.00	20.00	.071	20.00	1.43
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1	70.00	70.00	.071	70.00	5.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,374
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A

14 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	5	20	\$	424.43	\$	21.22	1.429	\$	84.89	\$	30.32
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5	20		424.43		21.22	1.429		84.89		30.32
MEDICAL	1	1		20.91		20.91	.071		20.91		1.49
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	10		125.57		12.56	.714		41.86		8.97
RADIOLOGY	2	3		156.12		52.04	.214		78.06		11.15
ROOM USE	2	2		85.12		42.56	.143		42.56		6.08
CROSSOVERS/ALL OTH OUTPTNT	2	4		36.71		9.18	.286		18.36		2.62
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,375
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 LAKE COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A

14 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	20	\$ 424.43	\$ 21.22	1.429	\$ 84.89	\$ 30.32
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5	20	424.43	21.22	1.429	84.89	30.32
MEDICAL	1	1	20.91	20.91	.071	20.91	1.49

SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	3	10		125.57	12.56	.714	41.86	8.97
RADIOLOGY	2	3		156.12	52.04	.214	78.06	11.15
ROOM USE	2	2		85.12	42.56	.143	42.56	6.08
CROSSOVERS/ALL OTH OUTPTNT	2	4		36.71	9.18	.286	18.36	2.62
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$	22.40	22.40	.071	22.40	1.60
PATHOLOGY	1	1		22.40	22.40	.071	22.40	1.60
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	9	13	\$	1,685.22	129.63	.929	187.25	120.37
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	9	13		1,685.22	129.63	.929	187.25	120.37

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,376
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 LAKE COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A

14 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@ALL OTHER PROVIDERS	3	25	\$ 371.44	\$ 14.86	1.786 \$ 123.81 \$ 26.53
DURABLE MED. EQUIP.	0	0	.00	.00	.000 .00 .00
BLOOD BANK	0	0	.00	.00	.000 .00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000 .00 .00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000 .00 .00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000 .00 .00
OTHER TRANS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
ACUPUNCTURE	0	0	.00	.00	.000 .00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000 .00 .00
GENETIC DISEASE TESTING	0	0	.00	.00	.000 .00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000 .00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000 .00 .00
OPTICIAN	0	0	.00	.00	.000 .00 .00
PHYSICAL THERAPIST	3	25	371.44	14.86	1.786 123.81 26.53
PORTABLE X-RAY	0	0	.00	.00	.000 .00 .00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000 .00 .00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,377
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 LAKE COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

80 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	91	1,088	\$ 98,669.92	\$ 90.69	13.600	\$ 1084.28	\$ 1233.37
@PHYSICIANS SERVICES	54	660	\$ 55,274.55	\$ 83.75	8.250	\$ 1023.60	\$ 690.93
OUTPATIENT VISITS	29	51	1,767.69	34.66	.638	60.95	22.10
OFFICE VISITS	27	48	1,724.25	35.92	.600	63.86	21.55
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3	43.44	14.48	.038	14.48	.54
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	26	1,568.95	60.34	.325	522.98	19.61
PRINCIPAL SURGEON	2	3	1,120.06	373.35	.038	560.03	14.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	23	448.89	19.52	.288	224.45	5.61
OUTPATIENT SURGERY	7	17	2,559.75	150.57	.213	365.68	32.00
PRINCIPAL SURGEON	6	10	2,423.71	242.37	.125	403.95	30.30
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	7	136.04	19.43	.088	136.04	1.70
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	21	58	647.61	11.17	.725	30.84	8.10
RADIOLOGY	10	30	2,843.55	94.79	.375	284.36	35.54
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	13	411	44,401.44	108.03	5.138	3415.50	555.02
OTHER SERVICES/ALL X-OVERS	20	67	1,485.56	22.17	.838	74.28	18.57
@PHARMACY	50	212	\$ 31,982.67	\$ 150.86	2.650	\$ 639.65	\$ 399.78
PRESCRIPTION DRUGS	50	207	31,600.83	152.66	2.588	632.02	395.01
SNF/ICF	1	1	341.34	341.34	.013	341.34	4.27
OUTPATIENTS	49	206	31,259.49	151.75	2.575	637.95	390.74

MEDICAL SUPPLIES	4	5		381.84		76.37	.063	95.46	4.77
@DENTIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,378
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

	80 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	5	\$	113.22	\$ 22.64	.063	\$ 113.22	\$ 1.42
DIAGNOSTIC AND ANC. PROCED	1	1		47.45	47.45	.013	47.45	.59
EYE APPLIANCES	1	4		65.77	16.44	.050	65.77	.82
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	4	4	\$	66.88	\$ 16.72	.050	\$ 16.72	\$.84
VISITS	4	4		66.88	16.72	.050	16.72	.84
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	4	\$	62.92	\$ 15.73	.050	\$ 62.92	\$.79
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	32	140	\$	6,210.98	\$ 44.36	1.750	\$ 194.09	\$ 77.64
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	32	140		6,210.98	44.36	1.750	194.09	77.64
MEDICAL	13	23		566.81	24.64	.288	43.60	7.09
SURGERY	6	9		512.75	56.97	.113	85.46	6.41
PATHOLOGY	13	57		1,064.69	18.68	.713	81.90	13.31
RADIOLOGY	12	19		2,580.96	135.84	.238	215.08	32.26
ROOM USE	10	22		1,341.41	60.97	.275	134.14	16.77

CROSSEOVERS/ALL OTH OUTPTNT	6	10		144.36	14.44	.125	24.06	1.80	
@COUNTY HOSPITAL TOTAL	6	41	\$	1,695.53	\$ 41.35	.513	\$ 282.59	\$ 21.19	
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSEOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	6	41		1,695.53	41.35	.513	282.59	21.19	
MEDICAL	6	8		139.57	17.45	.100	23.26	1.74	
SURGERY	3	6		401.60	66.93	.075	133.87	5.02	
PATHOLOGY	3	9		246.65	27.41	.113	82.22	3.08	
RADIOLOGY	0	0		.00	.00	.000	.00	.00	
ROOM USE	6	15		865.23	57.68	.188	144.21	10.82	
CROSSEOVERS/ALL OTH OUTPTNT	2	3		42.48	14.16	.038	21.24	.53	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 5,379
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR BCCTP-FEDERAL								AID CODES 0M 0N 0P

80 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	26	99	\$ 4,515.45	\$ 45.61	1.238	\$ 173.67	\$ 56.44
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	26	99	4,515.45	45.61	1.238	173.67	56.44
MEDICAL	7	15	427.24	28.48	.188	61.03	5.34
SURGERY	3	3	111.15	37.05	.038	37.05	1.39
PATHOLOGY	10	48	818.04	17.04	.600	81.80	10.23
RADIOLOGY	12	19	2,580.96	135.84	.238	215.08	32.26
ROOM USE	4	7	476.18	68.03	.088	119.05	5.95
CROSSOVERS/ALL OTH OUTPTNT	4	7	101.88	14.55	.088	25.47	1.27
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	10	17	\$ 2,363.28	\$ 139.02	.213	\$ 236.33	\$ 29.54
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	10	17	2,363.28	139.02	.213	236.33	29.54

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,380
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES OM ON OP

80 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	5	46	\$ 2,595.42	\$ 56.42	.575	\$ 519.08	\$ 32.44
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	5	59.09	11.82	.063	29.55	.74
PHYSICAL THERAPIST	2	23	343.39	14.93	.288	171.70	4.29
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	2	18	2,192.94	121.83	.225	1096.47	27.41
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1	3	\$ 120.74	\$ 40.25	.038	\$ 120.74	\$ 1.51

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 5,381
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY	AID CODES OR OT OU OV	

44 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	58	384	\$ 19,937.92	\$ 51.92	8.727	\$ 343.76	\$ 453.13
@PHYSICIANS SERVICES	20	55	\$ 712.61	\$ 12.96	1.250	\$ 35.63	\$ 16.20
OUTPATIENT VISITS	10	11	214.70	19.52	.250	21.47	4.88
OFFICE VISITS	2	2	9.50	4.75	.045	4.75	.22
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	8	9	205.20	22.80	.205	25.65	4.66
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	.00	.00	.023	.00	.00
RADIOLOGY	3	9	151.03	16.78	.205	50.34	3.43
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	2	10		.00		.00	.227	.00	.00
OTHER SERVICES/ALL X-OVERS	6	24		346.88		14.45	.545	57.81	7.88
@PHARMACY	48	223	\$	17,037.90	\$	76.40	5.068	\$ 354.96	\$ 387.23
PRESCRIPTION DRUGS	48	221		16,987.72		76.87	5.023	353.91	386.08
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	48	221		16,987.72		76.87	5.023	353.91	386.08
MEDICAL SUPPLIES	2	2		50.18		25.09	.045	25.09	1.14
@DENTIST	3	10	\$	25.00	\$	2.50	.227	\$ 8.33	\$.57
VISITS - DIAGNOSTIC	1	2		25.00		12.50	.045	25.00	.57
ORAL SURGERY	1	6		.00		.00	.136	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	1	2		.00		.00	.045	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,382
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 LAKE COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES OR OT OU OV

44 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	10	54	\$ 1,637.29	\$ 30.32	1.227	\$ 163.73	\$ 37.21
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	10	54	1,637.29	30.32	1.227	163.73	37.21
MEDICAL	3	5	207.89	41.58	.114	69.30	4.72
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	4	6.96	1.74	.091	3.48	.16
RADIOLOGY	2	6	68.26	11.38	.136	34.13	1.55
ROOM USE	1	1	9.06	9.06	.023	9.06	.21
CROSSOVERS/ALL OTH OUTPTNT	6	38	1,345.12	35.40	.864	224.19	30.57
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,383
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES 0R 0T 0U 0V

	44 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	10	54	\$	1,637.29	\$ 30.32	1.227	\$ 163.73	\$ 37.21
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	10	54		1,637.29	30.32	1.227	163.73	37.21
MEDICAL	3	5		207.89	41.58	.114	69.30	4.72
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	2	4		6.96	1.74	.091	3.48	.16
RADIOLOGY	2	6		68.26	11.38	.136	34.13	1.55
ROOM USE	1	1		9.06	9.06	.023	9.06	.21
CROSSOVERS/ALL OTH OUTPTNT	6	38		1,345.12	35.40	.864	224.19	30.57
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00	
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00	
ICF DD	0	0		.00		.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00	
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00	
XO AND OTHERS	0	0		.00		.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	6	11	\$	354.80	\$	32.25	.250	\$ 59.13	\$ 8.06	
CLINIC	0	0		.00		.00	.000	.00	.00	
SURGICENTER	0	0		.00		.00	.000	.00	.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00	
RURAL HEALTH CLINIC	6	11		354.80		32.25	.250	59.13	8.06	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004									PAGE 5,384
MOP024	FEE-FOR-SERVICE/DENTAL									03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY									AID CODES 0R 0T 0U 0V

44 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3	31 \$	170.32	\$ 5.49	.705	\$ 56.77	\$ 3.87
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	31	170.32	5.49	.705	56.77	3.87
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	8	76	854.23	11.24	1.727	106.78	19.41

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 5,385
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL	

124 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	149	1,472	\$ 118,607.84	\$ 80.58	11.871	\$ 796.03	\$ 956.51
@PHYSICIANS SERVICES	74	715	\$ 55,987.16	\$ 78.30	5.766	\$ 756.58	\$ 451.51
OUTPATIENT VISITS	39	62	1,982.39	31.97	.500	50.83	15.99
OFFICE VISITS	29	50	1,733.75	34.68	.403	59.78	13.98
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	11	12	248.64	20.72	.097	22.60	2.01
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	26	1,568.95	60.34	.210	522.98	12.65
PRINCIPAL SURGEON	2	3	1,120.06	373.35	.024	560.03	9.03
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	23	448.89	19.52	.185	224.45	3.62
OUTPATIENT SURGERY	7	17	2,559.75	150.57	.137	365.68	20.64
PRINCIPAL SURGEON	6	10	2,423.71	242.37	.081	403.95	19.55

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	7	136.04	19.43	.056	136.04	1.10
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	22	59	647.61	10.98	.476	29.44	5.22
RADIOLOGY	13	39	2,994.58	76.78	.315	230.35	24.15
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	15	421	44,401.44	105.47	3.395	2960.10	358.08
OTHER SERVICES/ALL X-OVERS	26	91	1,832.44	20.14	.734	70.48	14.78
@PHARMACY	98	435	\$ 49,020.57	\$ 112.69	3.508	\$ 500.21	\$ 395.33
PRESCRIPTION DRUGS	98	428	48,588.55	113.52	3.452	495.80	391.84
SNF/ICF	1	1	341.34	341.34	.008	341.34	2.75
OUTPATIENTS	97	427	48,247.21	112.99	3.444	497.39	389.09
MEDICAL SUPPLIES	6	7	432.02	61.72	.056	72.00	3.48
@DENTIST	3	10	\$ 25.00	\$ 2.50	.081	\$ 8.33	\$.20
VISITS - DIAGNOSTIC	1	2	25.00	12.50	.016	25.00	.20
ORAL SURGERY	1	6	.00	.00	.048	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2	.00	.00	.016	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 5,386
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL						

124 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	1	5	\$ 113.22	\$ 22.64	.040	\$ 113.22	\$.91
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.008	47.45	.38
EYE APPLIANCES	1	4	65.77	16.44	.032	65.77	.53
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	4	4	\$ 66.88	\$ 16.72	.032	\$ 16.72	\$.54
VISITS	4	4	66.88	16.72	.032	16.72	.54
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	.00	.00	.000	.00	.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	1	4	\$ 62.92	\$ 15.73	.032	\$ 62.92	\$.51
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	42	194	\$ 7,848.27	\$ 40.46	1.565	\$ 186.86	\$ 63.29
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	42	194	7,848.27	40.46	1.565	186.86	63.29
MEDICAL	16	28	774.70	27.67	.226	48.42	6.25
SURGERY	6	9	512.75	56.97	.073	85.46	4.14
PATHOLOGY	15	61	1,071.65	17.57	.492	71.44	8.64
RADIOLOGY	14	25	2,649.22	105.97	.202	189.23	21.36
ROOM USE	11	23	1,350.47	58.72	.185	122.77	10.89
CROSSOVERS/ALL OTH OUTPTNT	12	48	1,489.48	31.03	.387	124.12	12.01
@COUNTY HOSPITAL TOTAL	6	41	\$ 1,695.53	\$ 41.35	.331	\$ 282.59	\$ 13.67
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	6	41	1,695.53	41.35	.331	282.59	13.67
MEDICAL	6	8	139.57	17.45	.065	23.26	1.13
SURGERY	3	6	401.60	66.93	.048	133.87	3.24
PATHOLOGY	3	9	246.65	27.41	.073	82.22	1.99
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	6	15	865.23	57.68	.121	144.21	6.98
CROSSOVERS/ALL OTH OUTPTNT	2	3	42.48	14.16	.024	21.24	.34

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,387
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

	124 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	36	153	\$	6,152.74	\$ 40.21	1.234	\$ 170.91	\$ 49.62
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	36	153		6,152.74	40.21	1.234	170.91	49.62
MEDICAL	10	20		635.13	31.76	.161	63.51	5.12
SURGERY	3	3		111.15	37.05	.024	37.05	.90
PATHOLOGY	12	52		825.00	15.87	.419	68.75	6.65
RADIOLOGY	14	25		2,649.22	105.97	.202	189.23	21.36
ROOM USE	5	8		485.24	60.66	.065	97.05	3.91
CROSSOVERS/ALL OTH OUTPTNT	10	45		1,447.00	32.16	.363	144.70	11.67
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	16	28	\$	2,718.08	\$	97.07	.226	\$ 169.88	\$ 21.92
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	16	28		2,718.08		97.07	.226	169.88	21.92

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,388
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

	124 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	8	77	\$	2,765.74	\$ 35.92	.621	\$ 345.72	\$ 22.30
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	2	5		59.09	11.82	.040	29.55	.48
PHYSICAL THERAPIST	2	23		343.39	14.93	.185	171.70	2.77
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	2	18		2,192.94	121.83	.145	1096.47	17.69
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	31	170.32	5.49	.250	56.77	1.37
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	9	79	\$ 974.97	\$ 12.34	.637	\$ 108.33	\$ 7.86

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,389
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 LAKE COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

60 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	7	18	\$ 433.70	\$ 24.09	.300	\$ 61.96	\$ 7.23
@PHYSICIANS SERVICES	3	3	\$ 71.38	\$ 23.79	.050	\$ 23.79	\$ 1.19
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	3		71.38	23.79	.050	23.79	1.19
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,390
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

60 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	2	9	\$	54.00	\$	6.00	.150	\$	27.00	\$	.90
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2	9		54.00		6.00	.150		27.00		.90
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	2	9		54.00		6.00	.150		27.00		.90
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,391
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 LAKE COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

60 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	9	\$ 54.00	\$ 6.00	.150	\$ 27.00	\$.90
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	9	54.00	6.00	.150	27.00	.90
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	9		54.00	6.00	.150	27.00	.90
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	1	0	\$	.00	\$	.00	.00	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	1	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.00	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,392
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

60 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@ALL OTHER PROVIDERS	2	6	\$ 308.32	\$ 51.39	.100 \$ 154.16 \$ 5.14
DURABLE MED. EQUIP.	0	0	.00	.00	.000 .00 .00
BLOOD BANK	0	0	.00	.00	.000 .00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000 .00 .00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000 .00 .00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000 .00 .00
OTHER TRANS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
ACUPUNCTURE	0	0	.00	.00	.000 .00 .00
ADULT DAY HEALTH CARE CTR	1	4	278.32	69.58	.067 278.32 4.64
GENETIC DISEASE TESTING	0	0	.00	.00	.000 .00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000 .00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000 .00 .00
OPTICIAN	0	0	.00	.00	.000 .00 .00
PHYSICAL THERAPIST	0	0	.00	.00	.000 .00 .00
PORTABLE X-RAY	0	0	.00	.00	.000 .00 .00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000 .00 .00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	2	30.00	15.00	.033	30.00	.50
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	6	14	\$ 155.38	\$ 11.10	.233	\$ 25.90	\$ 2.59

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,393
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 LAKE COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

1,053 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	424	1,350	\$ 76,384.02	\$ 56.58	1.282	\$ 180.15	\$ 72.54
@PHYSICIANS SERVICES	84	200	\$ 7,499.56	\$ 37.50	.190	\$ 89.28	\$ 7.12
OUTPATIENT VISITS	61	73	3,190.49	43.71	.069	52.30	3.03
OFFICE VISITS	27	32	1,074.26	33.57	.030	39.79	1.02
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	34	40	2,095.29	52.38	.038	61.63	1.99
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	20.94	20.94	.001	20.94	.02
INPATIENT VISITS	3	6	378.36	63.06	.006	126.12	.36
HOSPITAL VISITS	3	6	378.36	63.06	.006	126.12	.36
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	8.01	8.01	.001	8.01	.01
EXAMINATIONS	1	1	8.01	8.01	.001	8.01	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	6	92.87	15.48	.006	92.87	.09
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	6	92.87	15.48	.006	92.87	.09
OUTPATIENT SURGERY	12	85	3,433.83	40.40	.081	286.15	3.26
PRINCIPAL SURGEON	4	4	1,957.84	489.46	.004	489.46	1.86
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	8	81	1,475.99	18.22	.077	184.50	1.40
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	4	9.68	2.42	.004	4.84	.01
RADIOLOGY	12	14	106.05	7.58	.013	8.84	.10
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	7	11	280.27	25.48	.010	40.04	.27
@PHARMACY	142	256	\$ 5,935.07	\$ 23.18	.243	\$ 41.80	\$ 5.64
PRESCRIPTION DRUGS	141	254	5,882.78	23.16	.241	41.72	5.59
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	141	254	5,882.78	23.16	.241	41.72	5.59

MEDICAL SUPPLIES	2	2		52.29		26.15	.002	26.15	.05
@DENTIST	17	183	\$	7,783.00	\$	42.53	.174	\$ 457.82	\$ 7.39
VISITS - DIAGNOSTIC	17	72		1,275.00		17.71	.068	75.00	1.21
ORAL SURGERY	5	15		605.00		40.33	.014	121.00	.57
DRUGS	1	2		25.00		12.50	.002	25.00	.02
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	4	17		1,207.00		71.00	.016	301.75	1.15
RESTORATIVE DENTISTRY	9	76		4,551.00		59.88	.072	505.67	4.32
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	1	1		120.00		120.00	.001	120.00	.11
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 5,394		
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05		
LAKE COUNTY	SUMMARY OF SERVICES FOR 133% PROGRAM						AID CODES 72 74 8N 8P		

					----- MONTHLY AVERAGE -----			
1,053 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	2	\$	78.88	\$ 39.44	.002	\$ 39.44	\$.07
DIAGNOSTIC AND ANC. PROCED	2	2		78.88	39.44	.002	39.44	.07
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	77	185	\$	9,276.03	50.14	.176	\$ 120.47	\$ 8.81
HOSP INPATIENT TOTAL	2	2		3,863.13	1931.57	.002	1931.57	3.67
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	2		3,863.13	1931.57	.002	1931.57	3.67
ACCOMMODATIONS	2	2		954.09	477.05	.002	477.05	.91
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	2		954.09	477.05	.002	477.05	.91
ANCILLARIES	2	0		2,909.04	.00	.000	1454.52	2.76
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	75	183		5,412.90	29.58	.174	72.17	5.14
MEDICAL	18	23		1,007.26	43.79	.022	55.96	.96
SURGERY	4	4		354.86	88.72	.004	88.72	.34
PATHOLOGY	13	36		332.73	9.24	.034	25.59	.32
RADIOLOGY	14	14		450.03	32.15	.013	32.15	.43
ROOM USE	57	66		2,676.96	40.56	.063	46.96	2.54
CROSSOVERS/ALL OTH OUTPTNT	26	40		591.06	14.78	.038	22.73	.56
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,395
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

1,053 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	77	185	\$ 9,276.03	\$ 50.14	.176	\$ 120.47	\$ 8.81
COMM HOSP INPATIENT TOTAL	2	2	3,863.13	1931.57	.002	1931.57	3.67
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	2	3,863.13	1931.57	.002	1931.57	3.67
ACCOMMODATIONS	2	2	954.09	477.05	.002	477.05	.91
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	2	2	954.09	477.05	.002	477.05	.91
ANCILLARIES	2	0	2,909.04	.00	.000	1454.52	2.76
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	75	183	5,412.90	29.58	.174	72.17	5.14
MEDICAL	18	23	1,007.26	43.79	.022	55.96	.96
SURGERY	4	4	354.86	88.72	.004	88.72	.34
PATHOLOGY	13	36	332.73	9.24	.034	25.59	.32
RADIOLOGY	14	14	450.03	32.15	.013	32.15	.43
ROOM USE	57	66	2,676.96	40.56	.063	46.96	2.54
CROSSOVERS/ALL OTH OUTPTNT	26	40	591.06	14.78	.038	22.73	.56
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.--DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	236	358	\$ 44,434.83	\$ 124.12	.340	\$ 188.28	\$ 42.20
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	7	42	1,341.59	31.94	.040	191.66	1.27
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	231	316	43,093.24	136.37	.300	186.55	40.92

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,396
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

	1,053 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	32	166	\$	1,376.65	\$ 8.29	.158	\$ 43.02	\$ 1.31
DURABLE MED. EQUIP.	2	4		137.28	34.32	.004	68.64	.13
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	4	115		656.54	5.71	.109	164.14	.62
AMBULANCES/AIR TRANS	4	115		656.54	5.71	.109	164.14	.62
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	77.05	77.05	.001	77.05	.07
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	24	45	497.77	11.06	.043	20.74	.47
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	8.01	8.01	.001	8.01	.01
@CALIF. CHILDREN SERVICES*	2	4	\$ 1,430.52	\$ 357.63	.004	\$ 715.26	\$ 1.36
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 5,397
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM	AID CODES 7A 7C 8R 8T	

875 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	366	1,125	\$ 79,731.91	\$ 70.87	1.286	\$ 217.85	\$ 91.12
@PHYSICIANS SERVICES	65	128	\$ 5,253.34	\$ 41.04	.146	\$ 80.82	\$ 6.00
OUTPATIENT VISITS	36	40	2,184.81	54.62	.046	60.69	2.50
OFFICE VISITS	10	10	461.42	46.14	.011	46.14	.53
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	25	26	1,541.49	59.29	.030	61.66	1.76
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	3	152.65	50.88	.003	152.65	.17
OTHER OUTPATIENT	1	1	29.25	29.25	.001	29.25	.03
INPATIENT VISITS	1	1	46.44	46.44	.001	46.44	.05
HOSPITAL VISITS	1	1	46.44	46.44	.001	46.44	.05
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	37.15	37.15	.001	37.15	.04
EXAMINATIONS	1	1	37.15	37.15	.001	37.15	.04
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	24	712.48	29.69	.027	237.49	.81
PRINCIPAL SURGEON	1	1	273.27	273.27	.001	273.27	.31
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	23	439.21	19.10	.026	219.61	.50
OUTPATIENT SURGERY	8	20	1,141.30	57.07	.023	142.66	1.30
PRINCIPAL SURGEON	6	6	818.50	136.42	.007	136.42	.94
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	14	322.80	23.06	.016	161.40	.37
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	6	161.74	26.96	.007	40.44	.18
RADIOLOGY	20	28	575.38	20.55	.032	28.77	.66
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	7	8		394.04	49.26	.009	56.29	.45
@PHARMACY	152	250	\$	12,668.13	50.67	.286	83.34	14.48
PRESCRIPTION DRUGS	150	246		12,576.13	51.12	.281	83.84	14.37
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	150	246		12,576.13	51.12	.281	83.84	14.37
MEDICAL SUPPLIES	3	4		92.00	23.00	.005	30.67	.11
@DENTIST	17	60	\$	2,462.00	41.03	.069	144.82	2.81
VISITS - DIAGNOSTIC	10	31		606.00	19.55	.035	60.60	.69
ORAL SURGERY	1	1		.00	.00	.001	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	3	4		732.00	183.00	.005	244.00	.84
RESTORATIVE DENTISTRY	7	23		1,054.00	45.83	.026	150.57	1.20
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1		70.00	70.00	.001	70.00	.08
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,398
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

875 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	11	28	\$ 681.39	\$ 24.34	.032	\$ 61.94	\$.78
DIAGNOSTIC AND ANC. PROCED	9	9	403.02	44.78	.010	44.78	.46
EYE APPLIANCES	7	19	278.37	14.65	.022	39.77	.32
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	5	\$ 349.24	\$ 69.85	.006	\$ 349.24	\$.40
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$.00	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	61	232	\$ 20,600.67	\$ 88.80	.265	\$ 337.72	\$ 23.54
HOSP INPATIENT TOTAL	2	3	14,799.24	4933.08	.003	7399.62	16.91
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	3	14,799.24	4933.08	.003	7399.62	16.91
ACCOMMODATIONS	2	3	2,238.60	746.20	.003	1119.30	2.56
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	3	2,238.60	746.20	.003	1119.30	2.56
ANCILLARIES	2	0	12,560.64	.00	.000	6280.32	14.36
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	60	229	5,801.43	25.33	.262	96.69	6.63
MEDICAL	14	21	844.44	40.21	.024	60.32	.97
SURGERY	3	3	231.71	77.24	.003	77.24	.26
PATHOLOGY	30	119	1,455.19	12.23	.136	48.51	1.66
RADIOLOGY	17	21	1,249.03	59.48	.024	73.47	1.43
ROOM USE	26	34	1,490.30	43.83	.039	57.32	1.70
CROSSOVERS/ALL OTH OUTPTNT	13	31	530.76	17.12	.035	40.83	.61
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,399
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

	875 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	61	232	\$	20,600.67	\$ 88.80	.265	\$ 337.72	\$ 23.54

COMM HOSP INPATIENT TOTAL	2	3		14,799.24	4933.08	.003	7399.62	16.91
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	3		14,799.24	4933.08	.003	7399.62	16.91
ACCOMMODATIONS	2	3		2,238.60	746.20	.003	1119.30	2.56
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	3		2,238.60	746.20	.003	1119.30	2.56
ANCILLARIES	2	0		12,560.64	.00	.000	6280.32	14.36
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	60	229		5,801.43	25.33	.262	96.69	6.63
MEDICAL	14	21		844.44	40.21	.024	60.32	.97
SURGERY	3	3		231.71	77.24	.003	77.24	.26
PATHOLOGY	30	119		1,455.19	12.23	.136	48.51	1.66
RADIOLOGY	17	21		1,249.03	59.48	.024	73.47	1.43
ROOM USE	26	34		1,490.30	43.83	.039	57.32	1.70
CROSSOVERS/ALL OTH OUTPTNT	13	31		530.76	17.12	.035	40.83	.61
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	171	238	\$	32,835.62	\$ 137.96	.272	\$ 192.02	\$ 37.53
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	171	238		32,835.62	137.96	.272	192.02	37.53

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,400
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

	875 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	45	184	\$	4,881.52	\$ 26.53	.210	\$ 108.48	\$ 5.58
DURABLE MED. EQUIP.	2	2		141.52	70.76	.002	70.76	.16
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	38		2,627.68	69.15	.043	875.89	3.00

AMBULANCES/AIR TRANS	3	37	827.68	22.37	.042	275.89	.95
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.001	1800.00	2.06
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.001	105.00	.12
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	10	20	347.95	17.40	.023	34.80	.40
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	29	122	1,651.36	13.54	.139	56.94	1.89
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	8.01	8.01	.001	8.01	.01
@CALIF. CHILDREN SERVICES*	5	16	\$ 643.52	\$ 40.22	.018	\$ 128.70	\$.74
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 5,401
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	77	177	\$ 7,047.77	\$ 39.82	.000	\$ 91.53	\$.00
@PHYSICIANS SERVICES	29	74	\$ 3,222.29	\$ 43.54	.000	\$ 111.11	\$.00
OUTPATIENT VISITS	17	55	2,309.59	41.99	.000	135.86	.00
OFFICE VISITS	2	5	70.35	14.07	.000	35.18	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	15	50	2,239.24	44.78	.000	149.28	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	2	173.99	87.00	.000	87.00	.00
PRINCIPAL SURGEON	2	2	173.99	87.00	.000	87.00	.00

ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	4	4		15.94	3.99	.000	3.99	.00
RADIOLOGY	11	13		722.77	55.60	.000	65.71	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	14	22	\$	729.44	\$ 33.16	.000	\$ 52.10	\$.00
PRESCRIPTION DRUGS	14	22		729.44	33.16	.000	52.10	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	14	22		729.44	33.16	.000	52.10	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,402
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000 .00 .00
EYE APPLIANCES	0	0	.00	.00	.000 .00 .00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000 .00 .00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00 \$.00
VISITS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000 .00 .00
SURGERY/ANES.	0	0	.00	.00	.000 .00 .00
RADIO./PATHOLOGY	0	0	.00	.00	.000 .00 .00
OTHER	0	0	.00	.00	.000 .00 .00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
@TOTAL HOSPITAL	8	16	\$ 496.45	\$ 31.03	.000 \$ 62.06 \$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000 .00 .00
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000 .00 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00 .00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	8	16	496.45	31.03	.000	62.06	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	6	12	228.90	19.08	.000	38.15	.00
RADIOLOGY	4	4	267.55	66.89	.000	66.89	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,403
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8	16	\$	496.45	\$ 31.03	.000	\$ 62.06	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	8	16		496.45	31.03	.000	62.06	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	6	12		228.90	19.08	.000	38.15	.00
RADIOLOGY	4	4		267.55	66.89	.000	66.89	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	19	32	\$	769.72	\$	24.05	.000	\$ 40.51	\$.00
PATHOLOGY	19	32		769.72		24.05	.000	40.51	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	10	32	\$	1,724.87	\$	53.90	.000	\$ 172.49	\$.00
CLINIC	3	17		435.71		25.63	.000	145.24	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	7	15		1,289.16		85.94	.000	184.17	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,404
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 LAKE COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

	00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
						----- MONTHLY AVERAGE -----		

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1	1	\$	105.00	\$ 105.00	.000	\$ 105.00	\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1		105.00	105.00	.000	105.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,405
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 LAKE COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0	.00	.00	.000	.00	.00
OFFICE VISITS	0		0	.00	.00	.000	.00	.00
HOME VISITS	0		0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0		0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0		0	.00	.00	.000	.00	.00
OB VISITS/COMPRES PERI	0		0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0		0	.00	.00	.000	.00	.00
INPATIENT VISITS	0		0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0		0	.00	.00	.000	.00	.00
CRITICAL CARE	0		0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0	.00	.00	.000	.00	.00
EXAMINATIONS	0		0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0		0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,406
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,407
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 LAKE COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,408
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000 .00 .00
BLOOD BANK	0	0	.00	.00	.000 .00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000 .00 .00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000 .00 .00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000 .00 .00
OTHER TRANS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
ACUPUNCTURE	0	0	.00	.00	.000 .00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000 .00 .00
GENETIC DISEASE TESTING	0	0	.00	.00	.000 .00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000 .00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000 .00 .00
OPTICIAN	0	0	.00	.00	.000 .00 .00
PHYSICAL THERAPIST	0	0	.00	.00	.000 .00 .00
PORTABLE X-RAY	0	0	.00	.00	.000 .00 .00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000 .00 .00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
LAKE COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

PAGE 5,409
03/14/05

154 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	78	584	\$ 79,733.72	\$ 136.53	3.792	\$ 1022.23	\$ 517.75
@PHYSICIANS SERVICES	27	144	\$ 6,968.67	\$ 48.39	.935	\$ 258.10	\$ 45.25
OUTPATIENT VISITS	9	62	797.38	12.86	.403	88.60	5.18
OFFICE VISITS	2	3	101.39	33.80	.019	50.70	.66
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	89.20	44.60	.013	44.60	.58
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	6	57	606.79	10.65	.370	101.13	3.94
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	6	20	914.62	45.73	.130	152.44	5.94

HOSPITAL VISITS	6	20	914.62	45.73	.130	152.44	5.94
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	8	28	4,368.13	156.00	.182	546.02	28.36
PRINCIPAL SURGEON	6	6	3,810.40	635.07	.039	635.07	24.74
ASSISTANT SURGEON	1	1	186.50	186.50	.006	186.50	1.21
ANESTHESIOLOGIST	2	21	371.23	17.68	.136	185.62	2.41
OUTPATIENT SURGERY	6	11	100.32	9.12	.071	16.72	.65
PRINCIPAL SURGEON	6	11	100.32	9.12	.071	16.72	.65
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	6	6	213.93	35.66	.039	35.66	1.39
RADIOLOGY	7	13	363.04	27.93	.084	51.86	2.36
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	57.76	57.76	.006	57.76	.38
OTHER SERVICES/ALL X-OVERS	3	3	153.49	51.16	.019	51.16	1.00
@PHARMACY	15	30	\$ 670.43	\$ 22.35	.195	\$ 44.70	\$ 4.35
PRESCRIPTION DRUGS	15	30	670.43	22.35	.195	44.70	4.35
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	15	30	670.43	22.35	.195	44.70	4.35
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,410
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

154 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	2	3	\$	179.85	\$ 59.95	.019	\$ 89.93	\$ 1.17
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	36	204	\$	57,033.48	\$ 279.58	1.325	\$ 1584.26	\$ 370.35
HOSP INPATIENT TOTAL	10	42		54,054.53	1287.01	.273	5405.45	351.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	10	42		54,054.53	1287.01	.273	5405.45	351.00
ACCOMMODATIONS	10	42		22,766.34	542.06	.273	2276.63	147.83
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	42		22,766.34	542.06	.273	2276.63	147.83
ANCILLARIES	10	0		31,288.19	.00	.000	3128.82	203.17
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	32	162		2,978.95	18.39	1.052	93.09	19.34
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	3	3		87.05	29.02	.019	29.02	.57
PATHOLOGY	25	106		1,436.89	13.56	.688	57.48	9.33
RADIOLOGY	7	7		497.42	71.06	.045	71.06	3.23
ROOM USE	8	13		452.71	34.82	.084	56.59	2.94
CROSSOVERS/ALL OTH OUTPTNT	8	33		504.88	15.30	.214	63.11	3.28
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,411
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

154 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	36	204	\$ 57,033.48	\$ 279.58	1.325	\$ 1584.26	\$ 370.35	
COMM HOSP INPATIENT TOTAL	10	42	54,054.53	1287.01	.273	5405.45	351.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	10	42	54,054.53	1287.01	.273	5405.45	351.00	
ACCOMMODATIONS	10	42	22,766.34	542.06	.273	2276.63	147.83	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	

ALL OTHER ACCOM	10	42		22,766.34	542.06	.273	2276.63	147.83
ANCILLARIES	10	0		31,288.19	.00	.000	3128.82	203.17
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	32	162		2,978.95	18.39	1.052	93.09	19.34
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	3	3		87.05	29.02	.019	29.02	.57
PATHOLOGY	25	106		1,436.89	13.56	.688	57.48	9.33
RADIOLOGY	7	7		497.42	71.06	.045	71.06	3.23
ROOM USE	8	13		452.71	34.82	.084	56.59	2.94
CROSSOVERS/ALL OTH OUTPTNT	8	33		504.88	15.30	.214	63.11	3.28
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.--DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	42	146	\$	11,438.51	\$ 78.35	.948	\$ 272.35	\$ 74.28
CLINIC	21	103		5,216.01	50.64	.669	248.38	33.87
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	21	43		6,222.50	144.71	.279	296.31	40.41

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,412
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

154 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	6	57	\$ 3,442.78	\$ 60.40	.370	\$ 573.80	\$ 22.36
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	52	2,917.78	56.11	.338	2917.78	18.95
AMBULANCES/AIR TRANS	1	51	1,117.78	21.92	.331	1117.78	7.26
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.006	1800.00	11.69
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	5	5	525.00	105.00	.032	105.00	3.41

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 5,413
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES	AID CODE 38

918 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	985	3,518	\$ 210,735.90	\$ 59.90	3.832	\$ 213.95	\$ 229.56
@PHYSICIANS SERVICES	197	393	\$ 13,634.32	\$ 34.69	.428	\$ 69.21	\$ 14.85
OUTPATIENT VISITS	129	208	7,732.30	37.17	.227	59.94	8.42
OFFICE VISITS	28	29	1,000.28	34.49	.032	35.72	1.09
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	93	106	5,800.64	54.72	.115	62.37	6.32
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	8	72	885.62	12.30	.078	110.70	.96
OTHER OUTPATIENT	1	1	45.76	45.76	.001	45.76	.05
INPATIENT VISITS	3	9	302.51	33.61	.010	100.84	.33
HOSPITAL VISITS	3	9	302.51	33.61	.010	100.84	.33
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	104.23	52.12	.002	52.12	.11
EXAMINATIONS	2	2	104.23	52.12	.002	52.12	.11
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	5	796.83	159.37	.005	199.21	.87
PRINCIPAL SURGEON	3	3	730.84	243.61	.003	243.61	.80
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	2	65.99	33.00	.002	65.99	.07
OUTPATIENT SURGERY	20	47	2,183.73	46.46	.051	109.19	2.38
PRINCIPAL SURGEON	17	24	1,754.31	73.10	.026	103.19	1.91
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	23	429.42	18.67	.025	143.14	.47
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	18	20	439.66	21.98	.022	24.43	.48
RADIOLOGY	63	81	1,639.16	20.24	.088	26.02	1.79
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	16	21		435.90		20.76	.023	27.24	.47
@PHARMACY	489	959	\$	55,662.41	\$	58.04	1.045	\$ 113.83	\$ 60.63
PRESCRIPTION DRUGS	485	947		55,192.26		58.28	1.032	113.80	60.12
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	485	947		55,192.26		58.28	1.032	113.80	60.12
MEDICAL SUPPLIES	7	12		470.15		39.18	.013	67.16	.51
@DENTIST	41	246	\$	8,307.00	\$	33.77	.268	\$ 202.61	\$ 9.05
VISITS - DIAGNOSTIC	28	126		2,198.00		17.44	.137	78.50	2.39
ORAL SURGERY	5	12		213.00		17.75	.013	42.60	.23
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	1	0		.00		.00	.000	.00	.00
ENDODONTICS	4	9		639.00		71.00	.010	159.75	.70
RESTORATIVE DENTISTRY	17	78		4,639.00		59.47	.085	272.88	5.05
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	2	14		288.00		20.57	.015	144.00	.31
SPACE MAINTAINERS	1	1		120.00		120.00	.001	120.00	.13
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	4	4		210.00		52.50	.004	52.50	.23
ALL OTHER SERVICES	2	2		.00		.00	.002	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,414
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

	918 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	7	26	\$	563.34	\$ 21.67	.028	\$ 80.48	\$.61
DIAGNOSTIC AND ANC. PROCED	6	6		284.70	47.45	.007	47.45	.31
EYE APPLIANCES	7	20		278.64	13.93	.022	39.81	.30
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00

@CHIROPRACTOR	3	4	\$	66.88	\$	16.72	.004	\$	22.29	\$	.07
VISITS	3	4		66.88		16.72	.004		22.29		.07
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1	2	\$	104.99	\$	52.50	.002	\$	104.99	\$	.11
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	218	814	\$	42,571.28	\$	52.30	.887	\$	195.28	\$	46.37
HOSP INPATIENT TOTAL	5	14		20,714.75		1479.63	.015		4142.95		22.57
HSC HOSPITALS	2	3		5,670.00		1890.00	.003		2835.00		6.18
NON-HSC HOSPITAL TOTAL	3	11		15,044.75		1367.70	.012		5014.92		16.39
ACCOMMODATIONS	3	11		6,113.65		555.79	.012		2037.88		6.66
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	11		6,113.65		555.79	.012		2037.88		6.66
ANCILLARIES	3	0		8,931.10		.00	.000		2977.03		9.73
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	218	800		21,856.53		27.32	.871		100.26		23.81
MEDICAL	34	47		1,856.47		39.50	.051		54.60		2.02
SURGERY	10	15		504.70		33.65	.016		50.47		.55
PATHOLOGY	94	364		4,867.63		13.37	.397		51.78		5.30
RADIOLOGY	64	85		5,971.72		70.26	.093		93.31		6.51
ROOM USE	135	162		6,432.39		39.71	.176		47.65		7.01
CROSSOVERS/ALL OTH OUTPTNT	70	127		2,223.62		17.51	.138		31.77		2.42
@COUNTY HOSPITAL TOTAL	1	3	\$	93.31	\$	31.10	.003	\$	93.31	\$	.10
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	3		93.31		31.10	.003		93.31		.10
MEDICAL	1	1		37.82		37.82	.001		37.82		.04
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		36.88		36.88	.001		36.88		.04
CROSSOVERS/ALL OTH OUTPTNT	1	1		18.61		18.61	.001		18.61		.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,415
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

	918 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	217	811	\$	42,477.97	\$ 52.38	.883	\$ 195.75	\$ 46.27

COMM HOSP INPATIENT TOTAL	5	14		20,714.75	1479.63	.015	4142.95	22.57
HSC HOSPITALS	2	3		5,670.00	1890.00	.003	2835.00	6.18
NON-HSC HOSPITALS TOTAL	3	11		15,044.75	1367.70	.012	5014.92	16.39
ACCOMMODATIONS	3	11		6,113.65	555.79	.012	2037.88	6.66
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	11		6,113.65	555.79	.012	2037.88	6.66
ANCILLARIES	3	0		8,931.10	.00	.000	2977.03	9.73
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	217	797		21,763.22	27.31	.868	100.29	23.71
MEDICAL	33	46		1,818.65	39.54	.050	55.11	1.98
SURGERY	10	15		504.70	33.65	.016	50.47	.55
PATHOLOGY	94	364		4,867.63	13.37	.397	51.78	5.30
RADIOLOGY	64	85		5,971.72	70.26	.093	93.31	6.51
ROOM USE	134	161		6,395.51	39.72	.175	47.73	6.97
CROSSOVERS/ALL OTH OUTPTNT	69	126		2,205.01	17.50	.137	31.96	2.40
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	14	36	\$	583.75	16.22	.039	41.70	.64
PATHOLOGY	14	36		583.75	16.22	.039	41.70	.64
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	435	663	\$	82,706.75	124.75	.722	190.13	90.09
CLINIC	13	54		1,717.06	31.80	.059	132.08	1.87
SURGICENTER	2	15		527.02	35.13	.016	263.51	.57
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	422	594		80,462.67	135.46	.647	190.67	87.65

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,416
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
918 ELIGIBLES							
@ALL OTHER PROVIDERS	56	375	\$ 6,535.18	\$ 17.43	.408	\$ 116.70	\$ 7.12
DURABLE MED. EQUIP.	1	1	41.53	41.53	.001	41.53	.05
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	19	273	4,695.72	17.20	.297	247.14	5.12

AMBULANCES/AIR TRANS	19	272	2,895.72	10.65	.296	152.41	3.15
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.001	1800.00	1.96
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	14	32	251.74	7.87	.035	17.98	.27
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	4	724.38	181.10	.004	724.38	.79
PROSTHETICS	1	4	724.38	181.10	.004	724.38	.79
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	21	65	821.81	12.64	.071	39.13	.90
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	1	\$ 202.20	\$ 202.20	.001	\$ 202.20	\$.22
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 5,417
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P	

150 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	78	463	\$ 27,149.57	\$ 58.64	3.087	\$ 348.07	\$ 181.00
@PHYSICIANS SERVICES	30	108	\$ 5,505.12	\$ 50.97	.720	\$ 183.50	\$ 36.70
OUTPATIENT VISITS	17	21	907.09	43.19	.140	53.36	6.05
OFFICE VISITS	8	10	280.70	28.07	.067	35.09	1.87
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	8	9	587.99	65.33	.060	73.50	3.92
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2	38.40	19.20	.013	19.20	.26
INPATIENT VISITS	2	22	1,328.42	60.38	.147	664.21	8.86
HOSPITAL VISITS	2	22	1,328.42	60.38	.147	664.21	8.86
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	4	154.35	38.59	.027	38.59	1.03
EXAMINATIONS	4	4	154.35	38.59	.027	38.59	1.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	5	10	2,059.94	205.99	.067	411.99	13.73
PRINCIPAL SURGEON	4	5	1,873.61	374.72	.033	468.40	12.49

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	5	186.33	37.27	.033	186.33	1.24
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	21	31.73	1.51	.140	31.73	.21
RADIOLOGY	9	16	483.00	30.19	.107	53.67	3.22
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	5	14	540.59	38.61	.093	108.12	3.60
@PHARMACY	44	107	\$ 11,944.32	\$ 111.63	.713	\$ 271.46	\$ 79.63
PRESCRIPTION DRUGS	44	107	11,944.32	111.63	.713	271.46	79.63
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	44	107	11,944.32	111.63	.713	271.46	79.63
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 5,418
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P						

150 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	1	4	\$ 90.30	\$ 22.58	.027	\$ 90.30	\$.60
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.007	47.45	.32
EYE APPLIANCES	1	3	42.85	14.28	.020	42.85	.29
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	22	128	\$ 3,439.03	\$ 26.87	.853	\$ 156.32	\$ 22.93
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	22	128	3,439.03	26.87	.853	156.32	22.93
MEDICAL	4	9	176.85	19.65	.060	44.21	1.18
SURGERY	2	2	271.50	135.75	.013	135.75	1.81
PATHOLOGY	9	72	693.39	9.63	.480	77.04	4.62
RADIOLOGY	7	14	1,413.36	100.95	.093	201.91	9.42
ROOM USE	13	16	695.01	43.44	.107	53.46	4.63
CROSSOVERS/ALL OTH OUTPTNT	7	15	188.92	12.59	.100	26.99	1.26
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024
LAKE COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

03/14/05

150 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	22	128	\$ 3,439.03	\$ 26.87	.853	\$ 156.32	\$ 22.93
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	22	128	3,439.03	26.87	.853	156.32	22.93
MEDICAL	4	9	176.85	19.65	.060	44.21	1.18
SURGERY	2	2	271.50	135.75	.013	135.75	1.81
PATHOLOGY	9	72	693.39	9.63	.480	77.04	4.62
RADIOLOGY	7	14	1,413.36	100.95	.093	201.91	9.42
ROOM USE	13	16	695.01	43.44	.107	53.46	4.63
CROSSOVERS/ALL OTH OUTPTNT	7	15	188.92	12.59	.100	26.99	1.26
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	4	17	\$ 264.52	\$ 15.56	.113	\$ 66.13	\$ 1.76
PATHOLOGY	4	17	264.52	15.56	.113	66.13	1.76
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	32	48	\$ 5,216.06	\$ 108.67	.320	\$ 163.00	\$ 34.77
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	32	48	5,216.06	108.67	.320	163.00	34.77

#CALIF DEPT OF HEALTH SERV
MOP024
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

PAGE 5,420
03/14/05

150 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST

MONTHLY AVERAGE
UNITS/DAYS

COST PER

COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	8	51	\$	690.22	\$ 13.53	.340	\$ 86.28	\$ 4.60
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	37		506.95	13.70	.247	168.98	3.38
AMBULANCES/AIR TRANS	3	37		506.95	13.70	.247	168.98	3.38
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	1	4		40.66	10.17	.027	40.66	.27
PHYSICAL THERAPIST	1	2		51.88	25.94	.013	51.88	.35
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	8		90.73	11.34	.053	30.24	.60
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	7	36	\$	3,696.48	\$ 102.68	.240	\$ 528.07	\$ 24.64
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,421
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 LAKE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

177 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	167	3,668	\$ 175,780.43	\$ 47.92	20.723	\$ 1052.58	\$ 993.11
@PHYSICIANS SERVICES	26	406	\$ 3,823.52	\$ 9.42	2.294	\$ 147.06	\$ 21.60
OUTPATIENT VISITS	2	4	193.58	48.40	.023	96.79	1.09
OFFICE VISITS	2	3	85.50	28.50	.017	42.75	.48
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	108.08	108.08	.006	108.08	.61
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	5	41	2,263.91	55.22	.232	452.78	12.79
HOSPITAL VISITS	4	31	1,110.61	35.83	.175	277.65	6.27
CRITICAL CARE	2	10	1,153.30	115.33	.056	576.65	6.52
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	1	2		243.11	121.56	.011	243.11	1.37	
PRINCIPAL SURGEON	1	2		243.11	121.56	.011	243.11	1.37	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	2	2		174.99	87.50	.011	87.50	.99	
PRINCIPAL SURGEON	2	2		174.99	87.50	.011	87.50	.99	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00	
DIALYSIS	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
RADIOLOGY	1	6		107.71	17.95	.034	107.71	.61	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	22	351		840.22	2.39	1.983	38.19	4.75	
@PHARMACY	105	1,572	\$	24,667.92	\$ 15.69	8.881	\$ 234.93	\$ 139.37	
PRESCRIPTION DRUGS	102	457		23,986.14	52.49	2.582	235.16	135.51	
SNF/ICF	34	228		10,886.63	47.75	1.288	320.20	61.51	
OUTPATIENTS	68	229		13,099.51	57.20	1.294	192.64	74.01	
MEDICAL SUPPLIES	7	1,115		681.78	.61	6.299	97.40	3.85	
@DENTIST	1	1	\$	25.00	\$ 25.00	.006	\$ 25.00	\$.14	
VISITS - DIAGNOSTIC	1	1		25.00	25.00	.006	25.00	.14	
ORAL SURGERY	0	0		.00	.00	.000	.00	.00	
DRUGS	0	0		.00	.00	.000	.00	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	.00	
PERIODONTICS	0	0		.00	.00	.000	.00	.00	
ENDODONTICS	0	0		.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 5,422
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED								AID CODE 1E

	177 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4	8	\$	158.44	\$ 19.81	.045	\$ 39.61	\$.90
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	3	6		102.98	17.16	.034	34.33	.58
OTHER OPTOMETRIC SERVICES	1	2		55.46	27.73	.011	55.46	.31
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	3	7	\$	81.40	\$ 11.63	.040	\$ 27.13	\$.46
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	3	7		81.40	11.63	.040	27.13	.46
@HOME HEALTH AGENCY	1	2	\$	104.99	\$ 52.50	.011	\$ 104.99	\$.59
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	23	184	\$	11,186.19	\$	60.79	1.040	\$	486.36	\$	63.20
HOSP INPATIENT TOTAL	2	4		9,000.35		2250.09	.023		4500.18		50.85
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1	4		8,124.35		2031.09	.023		8124.35		45.90
ACCOMMODATIONS	1	4		2,268.00		567.00	.023		2268.00		12.81
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	4		2,268.00		567.00	.023		2268.00		12.81
ANCILLARIES	1	0		5,856.35		.00	.000		5856.35		33.09
INPATIENT CROSSOVERS	1	0		876.00		.00	.000		876.00		4.95
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	22	180		2,185.84		12.14	1.017		99.36		12.35
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	7		26.98		3.85	.040		26.98		.15
RADIOLOGY	1	1		25.06		25.06	.006		25.06		.14
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	21	172		2,133.80		12.41	.972		101.61		12.06
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

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 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 LAKE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

	177 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	23	184	\$	11,186.19	\$ 60.79	1.040	\$ 486.36	\$ 63.20
COMM HOSP INPATIENT TOTAL	2	4		9,000.35	2250.09	.023	4500.18	50.85
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	4		8,124.35	2031.09	.023	8124.35	45.90
ACCOMMODATIONS	1	4		2,268.00	567.00	.023	2268.00	12.81
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4		2,268.00	567.00	.023	2268.00	12.81
ANCILLARIES	1	0		5,856.35	.00	.000	5856.35	33.09
INPATIENT CROSSOVERS	1	0		876.00	.00	.000	876.00	4.95
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	22	180		2,185.84	12.14	1.017	99.36	12.35
MEDICAL	0	0		.00	.00	.000	.00	.00

SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	1	7		26.98		3.85	.040	26.98	.15
RADIOLOGY	1	1		25.06		25.06	.006	25.06	.14
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	21	172		2,133.80		12.41	.972	101.61	12.06
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	43	892	\$	123,770.12	\$	138.76	5.040	2878.37	699.27
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	43	892		123,770.12		138.76	5.040	2878.37	699.27
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	1	\$	353.10	\$	353.10	.006	353.10	1.99
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	1	1		353.10		353.10	.006	353.10	1.99
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	24	38	\$	3,054.92	\$	80.39	.215	127.29	17.26
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00

RURAL HEALTH CLINIC
#CALIF DEPT OF HEALTH SERV
MOP024
LAKE COUNTY

24 38 3,054.92 80.39 .215 127.29 17.26
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED

AID CODE 1E
----- MONTHLY AVERAGE -----
PAGE 5,424
03/14/05

177 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	33	557	\$ 8,554.83	\$ 15.36	3.147	\$ 259.24	\$ 48.33
DURABLE MED. EQUIP.	5	45	1,723.67	38.30	.254	344.73	9.74
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	35	480.57	13.73	.198	80.10	2.72
AMBULANCES/AIR TRANS	3	19	408.17	21.48	.107	136.06	2.31
OTHER TRANS	4	12	58.08	4.84	.068	14.52	.33
OTHER SERVICES	1	4	14.32	3.58	.023	14.32	.08
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	1	41	2,852.78	69.58	.232	2852.78	16.12
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	7	19	2,246.39	118.23	.107	320.91	12.69
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	9	157.53	17.50	.051	39.38	.89
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	6	755.65	125.94	.034	755.65	4.27
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	11	402	338.24	.84	2.271	30.75	1.91
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	52	816	\$ 19,249.44	\$ 23.59	4.610	\$ 370.18	\$ 108.75

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV
MOP024
LAKE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND

AID CODE 2E
----- MONTHLY AVERAGE -----
PAGE 5,425
03/14/05

21 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	15	445	\$ 3,612.14	\$ 8.12	21.190	\$ 240.81	\$ 172.01
@PHYSICIANS SERVICES	2	2	\$ 55.60	\$ 27.80	.095	\$ 27.80	\$ 2.65
OUTPATIENT VISITS	2	2	55.60	27.80	.095	27.80	2.65
OFFICE VISITS	2	2	55.60	27.80	.095	27.80	2.65
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00

HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	9	431	\$	3,181.84	\$ 7.38	20.524	\$ 353.54	\$ 151.52
PRESCRIPTION DRUGS	7	19		1,545.80	81.36	.905	220.83	73.61
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	7	19		1,545.80	81.36	.905	220.83	73.61
MEDICAL SUPPLIES	6	412		1,636.04	3.97	19.619	272.67	77.91
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 5,426
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E							

						----- MONTHLY AVERAGE -----		
21 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	

RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00
ANCILLARIES	0	0		.00		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00
MEDICAL	0	0		.00		.00	.000		.00
SURGERY	0	0		.00		.00	.000		.00
PATHOLOGY	0	0		.00		.00	.000		.00
RADIOLOGY	0	0		.00		.00	.000		.00
ROOM USE	0	0		.00		.00	.000		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00
ANCILLARIES	0	0		.00		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00
MEDICAL	0	0		.00		.00	.000		.00
SURGERY	0	0		.00		.00	.000		.00
PATHOLOGY	0	0		.00		.00	.000		.00
RADIOLOGY	0	0		.00		.00	.000		.00
ROOM USE	0	0		.00		.00	.000		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,427
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

					----- MONTHLY AVERAGE -----			
21 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	2	\$ 201.69	\$ 100.85	.095	\$ 201.69	\$ 9.60
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	2	201.69	100.85	.095	201.69	9.60

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,428
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

21 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4	10	\$ 173.01	\$ 17.30	.476	\$ 43.25	\$ 8.24
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	4	10	173.01	17.30	.476	43.25	8.24
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	5	312	\$ 1,630.22	\$ 5.23	14.857	\$ 326.04	\$ 77.63

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 5,429
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E		

973 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	746	6,337	\$ 399,463.74	\$ 63.04	6.513	\$ 535.47	\$ 410.55
@PHYSICIANS SERVICES	150	397	\$ 12,536.94	\$ 31.58	.408	\$ 83.58	\$ 12.88
OUTPATIENT VISITS	51	76	3,404.63	44.80	.078	66.76	3.50
OFFICE VISITS	30	33	1,348.51	40.86	.034	44.95	1.39

HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	23	28		1,802.55	64.38	.029	78.37	1.85
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	2	15		253.57	16.90	.015	126.79	.26
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	2	7		286.95	40.99	.007	143.48	.29
HOSPITAL VISITS	2	6		154.28	25.71	.006	77.14	.16
CRITICAL CARE	1	1		132.67	132.67	.001	132.67	.14
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	4		108.90	27.23	.004	27.23	.11
EXAMINATIONS	4	4		108.90	27.23	.004	27.23	.11
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	13		938.92	72.22	.013	469.46	.96
PRINCIPAL SURGEON	2	2		746.84	373.42	.002	373.42	.77
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	11		192.08	17.46	.011	192.08	.20
OUTPATIENT SURGERY	9	9		2,500.28	277.81	.009	277.81	2.57
PRINCIPAL SURGEON	9	9		2,500.28	277.81	.009	277.81	2.57
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	1	2		12.68	6.34	.002	12.68	.01
PATHOLOGY	6	8		175.65	21.96	.008	29.28	.18
RADIOLOGY	46	71		2,133.39	30.05	.073	46.38	2.19
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	46		54.46	1.18	.047	54.46	.06
OTHER SERVICES/ALL X-OVERS	70	161		2,921.08	18.14	.165	41.73	3.00
@PHARMACY	479	3,291	\$	176,841.11	\$ 53.73	3.382	\$ 369.19	\$ 181.75
PRESCRIPTION DRUGS	458	1,817		169,312.45	93.18	1.867	369.68	174.01
SNF/ICF	23	211		37,404.65	177.27	.217	1626.29	38.44
OUTPATIENTS	437	1,606		131,907.80	82.13	1.651	301.85	135.57
MEDICAL SUPPLIES	56	1,474		7,528.66	5.11	1.515	134.44	7.74
@DENTIST	30	164	\$	5,492.50	\$ 33.49	.169	\$ 183.08	\$ 5.64
VISITS - DIAGNOSTIC	22	100		783.50	7.84	.103	35.61	.81
ORAL SURGERY	8	39		1,806.00	46.31	.040	225.75	1.86
DRUGS	1	1		.00	.00	.001	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	1	1		260.00	260.00	.001	260.00	.27
RESTORATIVE DENTISTRY	7	18		1,528.00	84.89	.018	218.29	1.57
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	3		965.00	321.67	.003	482.50	.99
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	2		150.00	75.00	.002	150.00	.15
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								
FEE-FOR-SERVICE/DENTAL								
SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E								
----- MONTHLY AVERAGE -----								
973 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	14	45	\$	886.35	\$ 19.70	.046	\$ 63.31	\$.91
DIAGNOSTIC AND ANC. PROCED	6	6		276.69	46.12	.006	46.12	.28
EYE APPLIANCES	13	38		587.04	15.45	.039	45.16	.60
OTHER OPTOMETRIC SERVICES	1	1		22.62	22.62	.001	22.62	.02

@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	1	2	\$	38.61	\$	19.31	.002	\$	38.61	\$	.04
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	1	2		38.61		19.31	.002		38.61		.04
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	1	9	\$	147.89	\$	16.43	.009	\$	147.89	\$	.15
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	156	1,144	\$	98,112.84	\$	85.76	1.176	\$	628.93	\$	100.84
HOSP INPATIENT TOTAL	14	28		73,390.26		2621.08	.029		5242.16		75.43
HSC HOSPITALS	1	2		3,120.00		1560.00	.002		3120.00		3.21
NON-HSC HOSPITAL TOTAL	6	26		54,178.51		2083.79	.027		9029.75		55.68
ACCOMMODATIONS	6	26		24,749.10		951.89	.027		4124.85		25.44
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	6	26		24,749.10		951.89	.027		4124.85		25.44
ANCILLARIES	6	0		29,429.41		.00	.000		4904.90		30.25
INPATIENT CROSSOVERS	7	0		16,091.75		.00	.000		2298.82		16.54
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	146	1,116		24,722.58		22.15	1.147		169.33		25.41
MEDICAL	28	50		4,036.18		80.72	.051		144.15		4.15
SURGERY	3	3		209.07		69.69	.003		69.69		.21
PATHOLOGY	45	156		2,153.21		13.80	.160		47.85		2.21
RADIOLOGY	30	43		4,297.64		99.95	.044		143.25		4.42
ROOM USE	28	41		1,817.21		44.32	.042		64.90		1.87
CROSSOVERS/ALL OTH OUTPTNT	88	823		12,209.27		14.84	.846		138.74		12.55
@COUNTY HOSPITAL TOTAL	5	17	\$	12,140.72	\$	714.16	.017	\$	2428.14	\$	12.48
CO HOSPITAL INPATIENT TOTAL	2	0		11,747.75		.00	.000		5873.88		12.07
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2	0		11,747.75		.00	.000		5873.88		12.07
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	5	17		392.97		23.12	.017		78.59		.40
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	5	17		392.97		23.12	.017		78.59		.40

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,431
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

	973 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	151	1,127	\$	85,972.12	\$ 76.28	1.158	\$ 569.35	\$ 88.36

COMM HOSP INPATIENT TOTAL	12	28		61,642.51	2201.52	.029	5136.88	63.35
HSC HOSPITALS	1	2		3,120.00	1560.00	.002	3120.00	3.21
NON-HSC HOSPITALS TOTAL	6	26		54,178.51	2083.79	.027	9029.75	55.68
ACCOMMODATIONS	6	26		24,749.10	951.89	.027	4124.85	25.44
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	26		24,749.10	951.89	.027	4124.85	25.44
ANCILLARIES	6	0		29,429.41	.00	.000	4904.90	30.25
INPATIENT CROSSOVERS	5	0		4,344.00	.00	.000	868.80	4.46
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	141	1,099		24,329.61	22.14	1.129	172.55	25.00
MEDICAL	28	50		4,036.18	80.72	.051	144.15	4.15
SURGERY	3	3		209.07	69.69	.003	69.69	.21
PATHOLOGY	45	156		2,153.21	13.80	.160	47.85	2.21
RADIOLOGY	30	43		4,297.64	99.95	.044	143.25	4.42
ROOM USE	28	41		1,817.21	44.32	.042	64.90	1.87
CROSSOVERS/ALL OTH OUTPTNT	83	806		11,816.30	14.66	.828	142.37	12.14
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	19	449	\$	57,297.34	127.61	.461	3015.65	58.89
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	19	449		57,297.34	127.61	.461	3015.65	58.89
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	7	26	\$	345.90	13.30	.027	49.41	.36
PATHOLOGY	7	26		345.90	13.30	.027	49.41	.36
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	254	436	\$	41,576.15	95.36	.448	163.69	42.73
CLINIC	3	4		148.33	37.08	.004	49.44	.15
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	251	432		41,427.82	95.90	.444	165.05	42.58

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,432
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

					----- MONTHLY AVERAGE -----			
973 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	82	374	\$ 6,188.11	\$ 16.55	.384	\$ 75.46	\$ 6.36	
DURABLE MED. EQUIP.	9	15	2,279.66	151.98	.015	253.30	2.34	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	18	223	1,339.70	6.01	.229	74.43	1.38	

AMBULANCES/AIR TRANS	7	30	678.85	22.63	.031	96.98	.70
OTHER TRANS	9	160	576.32	3.60	.164	64.04	.59
OTHER SERVICES	2	33	84.53	2.56	.034	42.27	.09
ACUPUNCTURE	4	8	140.57	17.57	.008	35.14	.14
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	2	6	988.90	164.82	.006	494.45	1.02
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	18	41	420.52	10.26	.042	23.36	.43
PHYSICAL THERAPIST	2	6	84.15	14.03	.006	42.08	.09
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	10	40	588.05	14.70	.041	58.81	.60
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	20	35	346.56	9.90	.036	17.33	.36
@CALIF. CHILDREN SERVICES*	3	52	\$ 3,905.18	\$ 75.10	.053	\$ 1301.73	\$ 4.01
@XOVER EXCLUDING STATE HOSP**	130	1,128	\$ 30,862.12	\$ 27.36	1.159	\$ 237.40	\$ 31.72

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 5,433
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
LAKE COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL	

1,171 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	928	10,450	\$ 578,856.31	\$ 55.39	8.924	\$ 623.77	\$ 494.33
@PHYSICIANS SERVICES	178	805	\$ 16,416.06	\$ 20.39	.687	\$ 92.23	\$ 14.02
OUTPATIENT VISITS	55	82	3,653.81	44.56	.070	66.43	3.12
OFFICE VISITS	34	38	1,489.61	39.20	.032	43.81	1.27
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	24	29	1,910.63	65.88	.025	79.61	1.63
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	15	253.57	16.90	.013	126.79	.22
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	7	48	2,550.86	53.14	.041	364.41	2.18
HOSPITAL VISITS	6	37	1,264.89	34.19	.032	210.82	1.08
CRITICAL CARE	3	11	1,285.97	116.91	.009	428.66	1.10
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	4	108.90	27.23	.003	27.23	.09
EXAMINATIONS	4	4	108.90	27.23	.003	27.23	.09
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	15	1,182.03	78.80	.013	394.01	1.01
PRINCIPAL SURGEON	3	4	989.95	247.49	.003	329.98	.85
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	11	192.08	17.46	.009	192.08	.16
OUTPATIENT SURGERY	11	11	2,675.27	243.21	.009	243.21	2.28
PRINCIPAL SURGEON	11	11	2,675.27	243.21	.009	243.21	2.28

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	1	2	12.68	6.34	.002	12.68	.01
PATHOLOGY	6	8	175.65	21.96	.007	29.28	.15
RADIOLOGY	47	77	2,241.10	29.11	.066	47.68	1.91
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	46	54.46	1.18	.039	54.46	.05
OTHER SERVICES/ALL X-OVERS	92	512	3,761.30	7.35	.437	40.88	3.21
@PHARMACY	593	5,294	\$ 204,690.87	\$ 38.66	4.521	\$ 345.18	\$ 174.80
PRESCRIPTION DRUGS	567	2,293	194,844.39	84.97	1.958	343.64	166.39
SNF/ICF	57	439	48,291.28	110.00	.375	847.22	41.24
OUTPATIENTS	512	1,854	146,553.11	79.05	1.583	286.24	125.15
MEDICAL SUPPLIES	69	3,001	9,846.48	3.28	2.563	142.70	8.41
@DENTIST	31	165	\$ 5,517.50	\$ 33.44	.141	\$ 177.98	\$ 4.71
VISITS - DIAGNOSTIC	23	101	808.50	8.00	.086	35.15	.69
ORAL SURGERY	8	39	1,806.00	46.31	.033	225.75	1.54
DRUGS	1	1	.00	.00	.001	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	260.00	260.00	.001	260.00	.22
RESTORATIVE DENTISTRY	7	18	1,528.00	84.89	.015	218.29	1.30
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	3	965.00	321.67	.003	482.50	.82
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	2	150.00	75.00	.002	150.00	.13
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
 MOP024
 LAKE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

PAGE 5,434
 03/14/05

----- MONTHLY AVERAGE -----

1,171 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	18	53	\$ 1,044.79	\$ 19.71	.045	\$ 58.04	\$.89
DIAGNOSTIC AND ANC. PROCED	6	6	276.69	46.12	.005	46.12	.24
EYE APPLIANCES	16	44	690.02	15.68	.038	43.13	.59
OTHER OPTOMETRIC SERVICES	2	3	78.08	26.03	.003	39.04	.07
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	4	9	\$ 120.01	\$ 13.33	.008	\$ 30.00	\$.10
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	4	9	120.01	13.33	.008	30.00	.10
@HOME HEALTH AGENCY	1	2	\$ 104.99	\$ 52.50	.002	\$ 104.99	\$.09
NURSE ANESTHESIST	1	9	\$ 147.89	\$ 16.43	.008	\$ 147.89	\$.13
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	179	1,328	\$ 109,299.03	\$ 82.30	1.134	\$ 610.61	\$ 93.34
HOSP INPATIENT TOTAL	16	32	82,390.61	2574.71	.027	5149.41	70.36
HSC HOSPITALS	1	2	3,120.00	1560.00	.002	3120.00	2.66
NON-HSC HOSPITAL TOTAL	7	30	62,302.86	2076.76	.026	8900.41	53.20
ACCOMMODATIONS	7	30	27,017.10	900.57	.026	3859.59	23.07
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	30	27,017.10	900.57	.026	3859.59	23.07
ANCILLARIES	7	0	35,285.76	.00	.000	5040.82	30.13
INPATIENT CROSSOVERS	8	0	16,967.75	.00	.000	2120.97	14.49
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	168	1,296	26,908.42	20.76	1.107	160.17	22.98
MEDICAL	28	50	4,036.18	80.72	.043	144.15	3.45
SURGERY	3	3	209.07	69.69	.003	69.69	.18
PATHOLOGY	46	163	2,180.19	13.38	.139	47.40	1.86
RADIOLOGY	31	44	4,322.70	98.24	.038	139.44	3.69
ROOM USE	28	41	1,817.21	44.32	.035	64.90	1.55
CROSSOVERS/ALL OTH OUTPTNT	109	995	14,343.07	14.42	.850	131.59	12.25
@COUNTY HOSPITAL TOTAL	5	17	\$ 12,140.72	\$ 714.16	.015	\$ 2428.14	\$ 10.37
CO HOSPITAL INPATIENT TOTAL	2	0	11,747.75	.00	.000	5873.88	10.03
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	0	11,747.75	.00	.000	5873.88	10.03
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	5	17	392.97	23.12	.015	78.59	.34
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	5	17	392.97	23.12	.015	78.59	.34

MOP024
LAKE COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

03/14/05

1,171 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	174	1,311	\$ 97,158.31	\$ 74.11	1.120	\$ 558.38	\$ 82.97
COMM HOSP INPATIENT TOTAL	14	32	70,642.86	2207.59	.027	5045.92	60.33
HSC HOSPITALS	1	2	3,120.00	1560.00	.002	3120.00	2.66
NON-HSC HOSPITALS TOTAL	7	30	62,302.86	2076.76	.026	8900.41	53.20
ACCOMMODATIONS	7	30	27,017.10	900.57	.026	3859.59	23.07
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	30	27,017.10	900.57	.026	3859.59	23.07
ANCILLARIES	7	0	35,285.76	.00	.000	5040.82	30.13
INPATIENT CROSSOVERS	6	0	5,220.00	.00	.000	870.00	4.46
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	163	1,279	26,515.45	20.73	1.092	162.67	22.64
MEDICAL	28	50	4,036.18	80.72	.043	144.15	3.45
SURGERY	3	3	209.07	69.69	.003	69.69	.18
PATHOLOGY	46	163	2,180.19	13.38	.139	47.40	1.86
RADIOLOGY	31	44	4,322.70	98.24	.038	139.44	3.69
ROOM USE	28	41	1,817.21	44.32	.035	64.90	1.55
CROSSOVERS/ALL OTH OUTPTNT	104	978	13,950.10	14.26	.835	134.14	11.91
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	62	1,341	\$ 181,067.46	\$ 135.02	1.145	\$ 2920.44	\$ 154.63
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	62	1,341	181,067.46	135.02	1.145	2920.44	154.63
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	1	\$ 353.10	\$ 353.10	.001	\$ 353.10	\$.30
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	1	353.10	353.10	.001	353.10	.30
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	7	26	\$ 345.90	\$ 13.30	.022	\$ 49.41	\$.30
PATHOLOGY	7	26	345.90	13.30	.022	49.41	.30
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	279	476	\$ 44,832.76	\$ 94.19	.406	\$ 160.69	\$ 38.29
CLINIC	3	4	148.33	37.08	.003	49.44	.13
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	276	472	44,684.43	94.67	.403	161.90	38.16

#CALIF DEPT OF HEALTH SERV MOP024 LAKE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

PAGE 5,436 03/14/05

1,171 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MONTHLY AVERAGE UNITS/DAYS	COST PER	COST PER
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		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	119	941	\$	14,915.95	\$ 15.85	.804	\$ 125.34	\$ 12.74
DURABLE MED. EQUIP.	14	60		4,003.33	66.72	.051	285.95	3.42
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	24	258		1,820.27	7.06	.220	75.84	1.55
AMBULANCES/AIR TRANS	10	49		1,087.02	22.18	.042	108.70	.93
OTHER TRANS	13	172		634.40	3.69	.147	48.80	.54
OTHER SERVICES	3	37		98.85	2.67	.032	32.95	.08
ACUPUNCTURE	8	18		313.58	17.42	.015	39.20	.27
ADULT DAY HEALTH CARE CTR	1	41		2,852.78	69.58	.035	2852.78	2.44
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	9	25		3,235.29	129.41	.021	359.48	2.76
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	22	50		578.05	11.56	.043	26.28	.49
PHYSICAL THERAPIST	2	6		84.15	14.03	.005	42.08	.07
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	6		755.65	125.94	.005	755.65	.65
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	10	40		588.05	14.70	.034	58.81	.50
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	31	437		684.80	1.57	.373	22.09	.58
@CALIF. CHILDREN SERVICES*	3	52	\$	3,905.18	\$ 75.10	.044	\$ 1301.73	\$ 3.33
@XOVER EXCLUDING STATE HOSP**	187	2,256	\$	51,741.78	\$ 22.94	1.927	\$ 276.69	\$ 44.19

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,437
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

	174,897 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	116,551		1,737,300	\$ 72,451,206.93	\$ 41.70	9.933	\$ 621.63	\$ 414.25
@PHYSICIANS SERVICES	28,295		93,959	\$ 3,501,278.06	\$ 37.26	.537	\$ 123.74	\$ 20.02
OUTPATIENT VISITS	13,688		24,720	880,593.18	35.62	.141	64.33	5.03
OFFICE VISITS	5,121		6,571	221,413.40	33.70	.038	43.24	1.27
HOME VISITS	5		7	420.20	60.03	.000	84.04	.00
EMERGENCY ROOM	7,874		9,282	543,544.26	58.56	.053	69.03	3.11
PREVENTIVE CARE	15		16	605.39	37.84	.000	40.36	.00
OB VISITS/COMPRI PERI	989		8,517	104,410.50	12.26	.049	105.57	.60
OTHER OUTPATIENT	291		327	10,199.43	31.19	.002	35.05	.06
INPATIENT VISITS	1,278		5,640	365,194.88	64.75	.032	285.75	2.09
HOSPITAL VISITS	1,108		4,325	198,428.97	45.88	.025	179.09	1.13
CRITICAL CARE	182		1,124	160,822.48	143.08	.006	883.64	.92
SNF/ICF/TRANS IP CARE	131		191	5,943.43	31.12	.001	45.37	.03
OPHTHALMOLOGICAL SERVICES	461		532	20,864.65	39.22	.003	45.26	.12
EXAMINATIONS	461		531	20,829.36	39.23	.003	45.18	.12
SERVICES AND MATERIALS	1		1	35.29	35.29	.000	35.29	.00

INPATIENT HOSPITAL SURGERY	1,123	7,668		531,554.95	69.32	.044	473.33	3.04
PRINCIPAL SURGEON	757	995		405,764.56	407.80	.006	536.02	2.32
ASSISTANT SURGEON	74	74		16,326.08	220.62	.000	220.62	.09
ANESTHESIOLOGIST	455	6,599		109,464.31	16.59	.038	240.58	.63
OUTPATIENT SURGERY	2,576	7,446		463,213.41	62.21	.043	179.82	2.65
PRINCIPAL SURGEON	2,171	2,834		377,010.13	133.03	.016	173.66	2.16
ASSISTANT SURGEON	7	7		715.50	102.21	.000	102.21	.00
ANESTHESIOLOGIST	536	4,605		85,487.78	18.56	.026	159.49	.49
DIALYSIS	50	281		23,725.54	84.43	.002	474.51	.14
PATHOLOGY	2,197	3,981		87,190.38	21.90	.023	39.69	.50
RADIOLOGY	8,063	13,616		408,781.20	30.02	.078	50.70	2.34
PSYCHIATRY	3	14		239.10	17.08	.000	79.70	.00
IMMUNIZATION AND INJECTION	337	4,436		219,948.38	49.58	.025	652.67	1.26
OTHER SERVICES/ALL X-OVERS	8,539	25,625		499,972.39	19.51	.147	58.55	2.86
@PHARMACY	73,290	963,997	\$	23,551,270.62	\$ 24.43	5.512	\$ 321.34	\$ 134.66
PRESCRIPTION DRUGS	72,419	293,227		22,760,799.74	77.62	1.677	314.29	130.14
SNF/ICF	2,229	16,229		1,033,713.17	63.70	.093	463.76	5.91
OUTPATIENTS	70,243	276,998		21,727,086.57	78.44	1.584	309.31	124.23
MEDICAL SUPPLIES	5,969	670,770		790,470.88	1.18	3.835	132.43	4.52
@DENTIST	3,601	15,849	\$	675,309.92	\$ 42.61	.091	\$ 187.53	\$ 3.86
VISITS - DIAGNOSTIC	2,472	8,748		139,272.31	15.92	.050	56.34	.80
ORAL SURGERY	600	2,386		131,676.10	55.19	.014	219.46	.75
DRUGS	68	81		1,700.00	20.99	.000	25.00	.01
ANESTHESIA	93	98		8,800.00	89.80	.001	94.62	.05
PERIODONTICS	26	31		2,464.24	79.49	.000	94.78	.01
ENDODONTICS	329	614		105,314.65	171.52	.004	320.11	.60
RESTORATIVE DENTISTRY	1,058	3,156		181,873.80	57.63	.018	171.90	1.04
PROSTHETICS	7	7		180.00	25.71	.000	25.71	.00
DENTURES, STAYPLATES	195	511		92,516.75	181.05	.003	474.44	.53
SPACE MAINTAINERS	25	33		3,544.00	107.39	.000	141.76	.02
MAXILLOFACIAL SERVICES	9	10		735.57	73.56	.000	81.73	.00
FRACTURES, DISLOCATIONS	0	1		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	57	77		7,082.50	91.98	.000	124.25	.04
ALL OTHER SERVICES	81	96		150.00	1.56	.001	1.85	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,438
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
LAKE COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

	174,897 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3,527	9,778	\$	210,116.36	\$ 21.49	.056	\$ 59.57	\$ 1.20
DIAGNOSTIC AND ANC. PROCED	1,774	1,800		79,354.17	44.09	.010	44.73	.45
EYE APPLIANCES	2,866	7,671		123,802.04	16.14	.044	43.20	.71
OTHER OPTOMETRIC SERVICES	197	307		6,960.15	22.67	.002	35.33	.04
@CHIROPRACTOR	444	661	\$	10,847.72	\$ 16.41	.004	\$ 24.43	\$.06
VISITS	408	609		10,136.50	16.64	.003	24.84	.06
OTHER SERVICES	36	52		711.22	13.68	.000	19.76	.00
@PODIATRIST	390	701	\$	6,387.38	\$ 9.11	.004	\$ 16.38	\$.04
MEDICINE/INJECTIONS	15	16		512.53	32.03	.000	34.17	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	375	685		5,874.85	8.58	.004	15.67	.03
@HOME HEALTH AGENCY	705	9,910	\$	420,060.98	\$ 42.39	.057	\$ 595.83	\$ 2.40
NURSE ANESTHESIST	134	1,066	\$	17,221.34	\$ 16.16	.006	\$ 128.52	\$.10
NURSE MIDWIFE	28	269	\$	6,269.16	\$ 23.31	.002	\$ 223.90	\$.04
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	5	5	\$	228.67	\$	45.73	.000	\$	45.73	\$	.00
@TOTAL HOSPITAL	28,835	148,179	\$	22,555,265.91	\$	152.22	.847	\$	782.22	\$	128.96
HOSP INPATIENT TOTAL	2,228	8,083		19,195,377.16		2374.78	.046		8615.52		109.75
HSC HOSPITALS	238	1,919		3,089,285.60		1609.84	.011		12980.19		17.66
NON-HSC HOSPITAL TOTAL	1,371	6,164		15,467,609.65		2509.35	.035		11281.99		88.44
ACCOMMODATIONS	1,364	6,164		4,852,883.82		787.29	.035		3557.83		27.75
ADMINISTRATIVE DAYS	4	25		5,419.25		216.77	.000		1354.81		.03
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1,360	6,139		4,847,464.57		789.62	.035		3564.31		27.72
ANCILLARIES	1,370	0		10,614,725.83		.00	.000		7747.98		60.69
INPATIENT CROSSOVERS	642	0		638,481.91		.00	.000		994.52		3.65
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	27,775	140,096		3,359,888.75		23.98	.801		120.97		19.21
MEDICAL	4,675	7,843		346,415.72		44.17	.045		74.10		1.98
SURGERY	1,276	1,580		83,638.94		52.94	.009		65.55		.48
PATHOLOGY	11,235	46,697		608,496.39		13.03	.267		54.16		3.48
RADIOLOGY	7,378	10,422		794,916.68		76.27	.060		107.74		4.55
ROOM USE	10,623	13,987		595,982.52		42.61	.080		56.10		3.41
CROSSOVERS/ALL OTH OUTPTNT	12,897	59,567		930,438.50		15.62	.341		72.14		5.32
@COUNTY HOSPITAL TOTAL	126	712	\$	73,082.47	\$	102.64	.004	\$	580.02	\$	.42
CO HOSPITAL INPATIENT TOTAL	13	33		50,952.36		1544.01	.000		3919.41		.29
HSC HOSPITALS	8	31		35,025.01		1129.84	.000		4378.13		.20
NON-HSC HOSPITALS TOTAL	1	2		2,450.32		1225.16	.000		2450.32		.01
ACCOMMODATIONS	1	2		1,231.20		615.60	.000		1231.20		.01
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	2		1,231.20		615.60	.000		1231.20		.01
ANCILLARIES	1	0		1,219.12		.00	.000		1219.12		.01
INPATIENT CROSSOVERS	4	0		13,477.03		.00	.000		3369.26		.08
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	119	679		22,130.11		32.59	.004		185.97		.13
MEDICAL	57	80		2,157.79		26.97	.000		37.86		.01

SURGERY	26	45	4,008.56	89.08	.000	154.18	.02
PATHOLOGY	34	155	3,039.58	19.61	.001	89.40	.02
RADIOLOGY	18	39	2,734.73	70.12	.000	151.93	.02
ROOM USE	91	153	7,129.72	46.60	.001	78.35	.04
CROSSOVERS/ALL OTH OUTPTNT	56	207	3,059.73	14.78	.001	54.64	.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,439

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

LAKE COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

		----- MONTHLY AVERAGE -----						
174,897 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	28,741	147,467	\$ 22,482,183.44	\$ 152.46	.843	\$ 782.23	\$ 128.55	
COMM HOSP INPATIENT TOTAL	2,216	8,050	19,144,424.80	2378.19	.046	8639.18	109.46	
HSC HOSPITALS	230	1,888	3,054,260.59	1617.72	.011	13279.39	17.46	
NON-HSC HOSPITALS TOTAL	1,370	6,162	15,465,159.33	2509.76	.035	11288.44	88.42	
ACCOMMODATIONS	1,363	6,162	4,851,652.62	787.35	.035	3559.54	27.74	
ADMINISTRATIVE DAYS	4	25	5,419.25	216.77	.000	1354.81	.03	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	1,359	6,137	4,846,233.37	789.67	.035	3566.03	27.71	
ANCILLARIES	1,369	0	10,613,506.71	.00	.000	7752.74	60.68	
INPATIENT CROSSOVERS	638	0	625,004.88	.00	.000	979.63	3.57	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	27,683	139,417	3,337,758.64	23.94	.797	120.57	19.08	
MEDICAL	4,622	7,763	344,257.93	44.35	.044	74.48	1.97	
SURGERY	1,250	1,535	79,630.38	51.88	.009	63.70	.46	
PATHOLOGY	11,205	46,542	605,456.81	13.01	.266	54.03	3.46	
RADIOLOGY	7,362	10,383	792,181.95	76.30	.059	107.60	4.53	
ROOM USE	10,545	13,834	588,852.80	42.57	.079	55.84	3.37	
CROSSOVERS/ALL OTH OUTPTNT	12,845	59,360	927,378.77	15.62	.339	72.20	5.30	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	2,280	61,836	\$ 6,801,468.55	\$ 109.99	.354	\$ 2983.10	\$ 38.89	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	17	685	77,169.82	112.66	.004	4539.40	.44	
LEV B-SUBACUTE FREESTANDING	1	44	13,814.80	313.97	.000	13814.80	.08	
LEV B-SUBACUTE HSPTL BASED	3	231	134,808.41	583.59	.001	44936.14	.77	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	2,260	60,876	6,575,675.52	108.02	.348	2909.59	37.60	
@INTERMEDIATE CARE FACIL.-DD	65	1,871	\$ 282,616.16	\$ 151.05	.011	\$ 4347.94	\$ 1.62	
ICF DDH	65	1,871	282,616.16	151.05	.011	4347.94	1.62	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	338	7,988	\$ 408,472.48	\$ 51.14	.046	\$ 1208.50	\$ 2.34	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	338	7,988	408,472.48	51.14	.046	1208.50	2.34	
@REHABILITATION FACILITY	16	142	\$ 2,898.32	\$ 20.41	.001	\$ 181.15	\$.02	
HOSPITAL BASED	9	68	1,995.87	29.35	.000	221.76	.01	
INDEPENDENT FACILITY	7	74	902.45	12.20	.000	128.92	.01	
@LABORATORY FACILITY	1,856	6,307	\$ 93,306.41	\$ 14.79	.036	\$ 50.27	\$.53	
PATHOLOGY	1,833	6,227	92,638.68	14.88	.036	50.54	.53	
XO AND OTHERS	23	80	667.73	8.35	.000	29.03	.00	
@ORGANIZED OUTPATIENT CLINIC	52,972	94,126	\$ 10,870,864.11	\$ 115.49	.538	\$ 205.22	\$ 62.16	
CLINIC	402	1,575	61,530.97	39.07	.009	153.06	.35	
SURGICENTER	161	638	34,208.29	53.62	.004	212.47	.20	
HEROIN DETOX CLINIC	2	39	454.09	11.64	.000	227.05	.00	

RURAL HEALTH CLINIC
#CALIF DEPT OF HEALTH SERV
MOP024
LAKE COUNTY

52,534 91,874 10,774,670.76 117.28 .525 205.10 61.61
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 5,440
FEE-FOR-SERVICE/DENTAL 03/14/05
SUMMARY OF SERVICES FOR TOTAL CERTIFIED

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
174,897 ELIGIBLES							
@ALL OTHER PROVIDERS	14,951	320,656	\$ 3,037,324.78	\$ 9.47	1.833	\$ 203.15	\$ 17.37
DURABLE MED. EQUIP.	1,254	4,067	644,897.23	158.57	.023	514.27	3.69
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	14	16	9,473.87	592.12	.000	676.71	.05
MEDICAL TRANSPORTATION	2,638	201,634	964,498.97	4.78	1.153	365.62	5.51
AMBULANCES/AIR TRANS	2,037	30,887	409,721.79	13.27	.177	201.14	2.34
OTHER TRANS	532	169,229	347,985.28	2.06	.968	654.11	1.99
OTHER SERVICES	253	1,518	206,791.90	136.23	.009	817.36	1.18
ACUPUNCTURE	639	1,590	27,090.50	17.04	.009	42.40	.15
ADULT DAY HEALTH CARE CTR	21	327	22,252.72	68.05	.002	1059.65	.13
GENETIC DISEASE TESTING	161	161	16,905.00	105.00	.001	105.00	.10
IHMC,MODEL-NF,NF,AIDS,MSSP	1,357	6,608	612,279.56	92.66	.038	451.20	3.50
OCCUPATIONAL THERAPIST	8	58	782.75	13.50	.000	97.84	.00
OPTICIAN	2,868	6,996	71,561.27	10.23	.040	24.95	.41
PHYSICAL THERAPIST	315	2,709	39,773.69	14.68	.015	126.27	.23
PORTABLE X-RAY	11	23	88.70	3.86	.000	8.06	.00
PROSTHETIST/ORTHOTISTS	180	537	62,643.15	116.65	.003	348.02	.36
PROSTHETICS	179	536	62,603.60	116.80	.003	349.74	.36
ORTHOTICS	1	1	39.55	39.55	.000	39.55	.00
PSYCHOLOGIST	5	27	1,353.22	50.12	.000	270.64	.01
SPEECH AND AUDIOLOGY	425	1,123	79,228.08	70.55	.006	186.42	.45
HOSPICE SERVICES	70	1,522	151,081.02	99.26	.009	2158.30	.86
NONINST BIRTHING CENTERS	1	1	1,106.68	1106.68	.000	1106.68	.01
LOCAL EDUCATION AGENCIES	2,745	15,896	177,247.42	11.15	.091	64.57	1.01
EPSDT SUPPLEMENTAL SERVICE	1	4	250.00	62.50	.000	250.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3,382	77,357	154,810.95	2.00	.442	45.77	.89
@CALIF. CHILDREN SERVICES*	754	23,276	\$ 2,461,937.65	\$ 105.77	.133	\$ 3265.17	\$ 14.08
@XOVER EXCLUDING STATE HOSP**	13,115	147,657	\$ 2,343,164.24	\$ 15.87	.844	\$ 178.66	\$ 13.40

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.